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ORIGINAL DEPARTMENT.

Communications.

DYSPEPSIA.

BY A DYSPEPTIC.

Who was ever on this rolling globe without having eaten too large a quantity? There is, I believe, no other organ in the human body insulted so often as the stomach, and yet it ever tries to perform its functions. The physiology of digestion is known, and also that the healthy action of digestion closely resembles catarrh in every other mucous membrane. In all other catarrhs, nature tries to help itself by copious discharges of mucus, or rather the swelled membrane, in a state of hyperæmia, must discharge freely. Generally, the appetite is entirely gone, and the rest allowed to the stomach settles the matter to mutual contentment. Very often, too, we see cases get well in spite of medicine, as the German custom shows, who eat an onion garnished with strong-salted raw herring, after having drunk, the previous evening, a gallon or two of beer, and smoked till glossitis nearly came on; not *similia similibus*, but cause and consequence.

A long continued derangement, by improper, insufficient, or decomposed food, will, of course, greatly affect the gastric juice in quantity and quality, and render it unfit for digestion. But the disposition to acquire an acute catarrh of the stomach is very different, and everybody will know, himself, that it is often impossible to tell which action must be held responsible for an indigestion. Of course, the greatest variety exists in individuals as to the disposition of that catarrh. Some are said to digest pebbles, and others cannot digest milk.

The gastric juice, acting on the slime in the empty and catarrhal stomach, loses its tonic reaction, and becomes alkaline. But in the meantime, the muscular coat of the stomach is sickly, for the fibres of it are in a state of imbibition and lose their contractile power. The stomach expands to unknown dimensions by the gases of

fermentation, but there happens something before that time. It may be, and is, something worth while to look at a patient's tongue, not because a furred one would surely be a sign of catarrh, but very likely. But we will take a little child at the breast. The mother fears it may cry, and make papa angry, what does she? Regardless of the state of digestion the milk previously swallowed is in, she offers the breast to the little cryer, who needs perhaps a dry cloth, and makes him suck catarrh. Is the child very fortunate, it will vomit on the pressure put on the stomach by the evolution of gases; or it will not, and his loving mother will do all she can to make it sick. Allowing the child to sleep at the breast, some drops of milk, retained in the mouth, will be transformed into cheese, and will be the sour bread for the next taken milk, which will be put in new and different organic combinations enough to frighten a LIEBIG in their variations.

A catarrh may spread from the stomach to the mouth, or vice versa. The little sufferer, who feels all the pains of a chronic catarrh of the stomach, cries all the time, and if it recovers, it is only to fall subject to scrofulosis, or cholera infantum, or croup, etc. Do not laugh at this comical classification, because I will show them to have all one source in bad assimilation of nourishment. If the quantity or quality of blood is altered, it must, of course, follow that the gastric juice is altered. Patients lying on their backs after amputations or with fractures, acquire a catarrh by a meal that would not have hurt them at all when their gastric juice was rich in pepsin and good in quality. People who take their snifters regularly, do not get disturbance of their ventriculus as easily as those who are very careful and only indulge at times. A predisposition also exists in those who suffered from attacks before. It would lead too far to describe the various eatables that are supposed to be easy to digest, or not. I think a great deal of it is individual. Dyspepsia is more frequent in England and the United States than in any other country, and it is not to be wondered at. The teeth destroyed by caries, the haste that does not allow time to masticate the food, but to force it down steaming hot, and in pieces which would

be something of a match for the stomach and the muscularis of a pebble-swallowing bird, are means sufficient to render millions miserable. If the œsophagus shares in the disease, it is mostly its cardiac portion which is a source of complaint to the sufferer. He feels the pain either deep in the breast or under the rhomboid muscles, and startles his hearers with the assurance that there is a secret communication with his back and stomach, because a ructus came clearly out of his back or breast. In these cases there is always an enlargement of the lumen of the œsophagus, and a stricture of the cardia. "Here," they say, pointing to the ensiform process, "here all I eat sticks, and goes no further." The same comes on with the pylorus, and the food remains undigested in the stomach for forty-eight hours, and then is vomited in a beautiful state of preservation.

There seem to be always dyspeptic symptoms in hysteria and all states of disturbance of the uterus, and of the catamenia. The thousand symptoms, headache, a desire to make way with their lives, unfitness for business, etc., are always a source of anger for the doctors. Very often the mouth catarrh is the cause of the long continuance; and scrupulous cleanliness of the mouth and the pulling of some carious teeth are beneficial.

Very few people know when to stop eating and drinking. They dilute their gastric juice with quantities of drinks, they feel the aorta pulsating through the stomach, a serious thing in their eyes, the heart beats through the belly. They come to the office and relate their stories, with a stinking pharyngeal catarrh, together with some teeth decayed by caries humida, and commence to talk in a kind of confessing way. It is needless to say, that I would sooner face a rebel battery; and what are all the horrors of DANTE'S hell to such a penalty. If a man, you may arm yourself with a long cigar, but against the sweet exhalations from a lady's oral cavity you must submit without being able to mask the stench. It is needless to note the symptoms; they are, more or less, in each book.

Generally, for acid in the stomach, excessive heartburn, etc., the antacids, bicarb. of soda, magnes. carb. or calcin., etc., are given. They help, too, if the disease is not protracted, and if the muscularis is acting, but if not, they hurt. It is not known how the salts formed by the newly-made acids (lactic, butyric, and citric) act on the stomach. One thing they do: dissolve the slime and leave the surface raw, so that the pain is made worse very soon by acids thrown out afresh.

It would be better to combine the antacid with a gentle cathartic, to carry the decomposed ingesta out of the channel sooner. Then comes the big lot of astringents, tannic acid, nitrate of silver, subnitrate of bismuth. They all act against the fermentation which is formed, and counteract it effectually, outside the stomach, as well as inside.

It is curious to see the by-ways where the profession has searched for the mode of the action of those preparations. The bismuth, which was celebrated in the childhood of chemistry, lost its value when chemistry got to be more perfect. The bismuth is, as is well known, put in a crucible with soda and sulphur, to get rid of some particles of arsenic which accompany it. Then it is dissolved in nitric acid and a little water, and thrown in a large quantity of water; it divides itself, then, into a sour and a basic salt; the latter is used. This latter loses its nitric acid by standing in ill-closed jars, and gets by that more or less ineffective. Now they thought that the arsenic was the active agent, and gave it, added it even to it. The nitrate of silver enjoyed always a kind of reputation, especially in the so-called sick-headache, the French migraine.

The ferruginous preparations were in vogue, too, for a long time, with good results, and had many lovers. I am one of them. In giving carbonate of iron, a nearly always useless preparation is given, because it gets more basic by taking up oxygen out of the air. The VALLER'S mass is better, by shutting out the air by sugar. But a very good remedy is obtained by taking sulphate of iron (copperas) and bicarb. of soda, $\text{aa } \text{3j}$. This dose will give about seven or eight grains of carbonate of iron freshly precipitated, and one grain of bicarb. of iron with the rest of the sulphate of soda in solution. The ugly inky taste may be avoided by taking $\text{tr. ferri muriat. } \text{3j}$, it has about the strength of 3j sulphate of iron. This remedy fresh, given separately like seidlitz powders, relieved me from obstinate vomiting for six years, twenty to thirty times a day, every other remedy having been tried before. The diet need not be restricted at all. I believe it to tan the mucous membrane most effectually, and to absorb and alter the gases. It always forms sulphuret of iron. By the action of carbonic acid on sulphites in presence of organic matter, an action takes place, which is easily shown by placing a piece of straw or wood in presence of a sulphite in water saturated with carbonic acid. It is worth a trial. I do not believe that iron in such a rude method is ever put in circulation as a blood-builder, but enables the organ in charge of digestion to perform its duty. I have

said nothing new, I know; but a mucous or semi-mucous membrane in an inflamed condition, and so easy of access, should be tanned or cauterized, and this is done by the above.

CASE OF HYSTERICAL EPILEPSY WITH CHLOROSIS.

By F. LE ROY SATTERLEE, M. D.,

House-Physician, Bellevue Hospital, N. Y.

An unknown woman was brought into Bellevue Hospital, November 13th 1867, at about 6 o'clock in the evening. She was found insensible on board a Catherine street ferry boat, going from Brooklyn to New York. Having been admitted into the hospital, she was sent to ward No. 20 of the First Medical Division.

Lying in a semi-comatose state, unable to answer questions put to her, or to give any account of herself, her condition may be described as follows: Face very pale; skin cool; pulse 96; respiration normal; frothing at the mouth; gnashes her teeth, and occasionally bites her tongue, which she keeps pressed against her upper teeth. She shakes her head frequently and her whole body quivers.

Treatment. Ten minims of MAGENDIE's solution of morphia was prescribed, but she could not be made to swallow it. Five minims of Magendie was then administered hypodermically, and her feet were placed in a hot mustard bath. 10.30, P. M. She seems to be slowly recovering consciousness. Has turned over on her side, and is resting quietly. On placing one of her arms in any uncomfortable position, she immediately removes it to one of more comfort. Her skin is warm; pulse 90.

November 14th, 8 A. M. She has recovered consciousness completely this morning, and gives the following history of herself: Her name is Annie Williams; she is nineteen years of age; lives in Brooklyn. She says she was crossing the ferry yesterday evening, and was suddenly seized with a violent pain in her stomach with nausea and vomiting, and then lost consciousness and remembered nothing until she awoke this morning in the hospital. She says she never had a fit before. Has not been well for the past eighteen months, during which time she has grown very pale and weak. Has shortness of breath and palpitation of the heart, on going up stairs, or upon any great exertion. She has been troubled, she says, for a long time with the feeling of a ball rolling up in her throat and almost choking her. Upon auscultating the heart, an anemic murmur was found accompanying the first sound.

The diagnosis of hysterical epilepsy with chlorosis was made, and the following remedies were given.

R. Zinci valerianat. gr. xx.
Ext. valerian, gr. x. M.
Et. div. in pil. No. xv.

S. One pill three times a day.

Also—

R. Syr. ferri. iodidi.

S. 20 drops three times a day.

November 15th. This morning the patient is much better; complains of no pain. Has been up for a little while. Feels very weak.

November 17th. The health of the patient is rapidly improving. She says she is a great deal stronger.

The following was given:

R. Ferri lactatis, ʒi.
Syr. aurant cort., f.ʒij. M.

S. A tablespoonful three times a day.

Nov. 19th. The patient was this morning discharged, all bad symptoms having entirely disappeared. She says she feels perfectly well and strong; better, indeed, than she has been for many months past.

Under the head of epilepsy and hysteria, DA COSTA says: "It is sometimes very difficult to distinguish between paroxysms of hysteria and of epilepsy; and it becomes the more difficult if the epileptic seizures occur in hysterical patients. Yet there are, ordinarily, many well-marked points of distinction between the maladies, as will be seen from this table."

EPILEPSY.

*Sudden and complete loss of consciousness.

*Livid face; escape of frothy saliva from the mouth.

*Eyelids half open; eyeballs rolling.

*Grinding of the teeth; biting of the tongue.

*More or less insensibility of the pupils to light.

*Distortion of countenance.

*Patient evinces no feeling.

Aura epileptica.

Convulsions often more marked on one side than on the other; and more tonic than clonic.

Paroxysm generally of short duration.

*Paroxysm followed by a heavy, half-comatose sleep, by headache and dulness of intellect.

*Frequently occurs at night.

HYSTERIA.

Gradual and only partial or apparent unconsciousness.

Face flushed, or complexion unaltered; no froth on lips.

*Eyelids closed; eyeballs fixed.

Neither grinding of the teeth nor biting of the tongue.

*Pupils react readily.

No distortion of countenance.

*Patient sighs, or laughs, or sob.

*Globus hystericus.

*No such difference: convulsions clonic.

*Paroxysm generally of longer duration.

Paroxysm not followed specially by sleep; patient often, after attack terminates, wakeful and depressed in spirits.

Rarely occurs at night.

I have marked with * such symptoms as were noticed in the case which is the subject of this article; it will be observed that they partake of the nature of both epilepsy and hysteria.

CASES IN PRACTICE.

By J. W. P. BATES, M. D.,

Of Baltimore, Md.

Scirrhus of the Breast.

In October 1863, Mrs. J., aged 67, requested me to examine her left breast which was the seat of severe pain. She had been annoyed by this pain for some months, and had also noticed a hardness of the inferior portion of the breast. She attributed this lump to having fallen on the sharp edge of a tub. Upon examination, a hard mass could be felt occupying fully one-third of the gland. The tumor was nearly the shape of one-half a saucer with the concavity presenting forwards, and the sharp, apparently cartilaginous edge, could be felt occupying about one-third the circumference of the gland. The pain was sharp and lancinating, the nipple not retracted, general health good; and all the functions regularly performed. I pronounced the disease to be cancer, and directed that all irritation should be avoided, and proper means taken to postpone ulceration as long as possible. I heard no more from her until April 1865, when I was requested to see her, on account of hemorrhage from the breast. The tumor had enlarged considerably. The skin was healthy, with the exception of a spot about an inch in diameter, an inch and a half below the nipple, which was very much congested. From this spot the blood would spout in a full stream two or three times a day, yet no breach of continuity could be discovered. The bleeding was checked by the application of wheat flour, which also relieved the pain. In July 1865, ulceration took place, leaving a large foul ulcer, from which flowed a highly offensive discharge. During the succeeding months the case went from bad to worse until October, when her friends requested me to give her something to relieve the pain for the short time she had to live. She then presented all the symptoms usually described as the cancerous cachexia. Her pulse was feeble, voice weak, deglutition painful, and severe pain in her breast, left arm and right thigh. The ulcer was very large and discharging profusely, and the offensive odor kept her nauseated nearly all the time. Regarding the case as likely to prove fatal in a few days, I informed the family that all I could do, would be to render her last moments as painless as possible. With this view one-eighth of a grain of sulphate of morphia was ordered to be taken, *pro re nata*, and the ulcer to be washed with warm water, containing a few drops of creasote. In a day or two, she complained of the disagreeable smell of the creasote

when a weak solution of sulphate of iron was substituted. From this time she began to improve. The ulcer gradually became smaller, and at last closed entirely, leaving a cicatrix three inches long, and before Christmas she was free from all pain, and able to go about the house. The hardness of the breast still remained. Informing some of my friends of the progress of the case thus far, they kindly doubted my diagnosis, and insisted that it was a benign tumor. However, in March 1866, it again ulcerated, and she suffered extremely until April 1867, when she died, with symptoms of cancerous infiltration of nearly all the tissues.

Lumbar Abscess.

In December, 1865, I was called to see Mr. S., who was suffering from severe pain in the region of the left kidney. On account of the peculiar character of the pain, and also as the function of the organ did not appear to be interfered with to any great extent, I at first thought it a case of nephralgia, and so treated him. The urine exhibited nothing abnormal when examined chemically and microscopically. The case continued for a week or two, with no change of the symptoms, and no alleviation of the pain, except when under the influence of opium. A short time after, the urine began to contain pus globules, and was soon loaded with them. Nearly simultaneously, an obscure fluctuation was noticed in the back. This state of things continued for some weeks, with no change, except the gradual increase in size of the lumbar abscess and the emaciation of the sufferer. Iron, tonics, anodynes, milk-punch, and good nourishing diet, were freely administered. I then requested Prof. DUNBAR, of this city, to see him with me, which he did, and proposed that we open the abscess in the course of a few days. At the next consultation, the Doctor, considering the case hopeless, changed his opinion in regard to the use of the knife. February 1st, the abscess broke, and about a pint of serofulous pus escaped. From this point he commenced to improve. The abscess discharged less and less; the opening would close, and then be re-opened for the escape of a small amount of pus; the pus disappeared from the urine, and the appetite improved, and he slowly regained his strength. In the early part of March, he had so far recovered as to be able to walk to my office. He soon returned to his home, Charleston, S. C., whence he wrote me that his side was annoying him some, and he was afraid that the abscess was re-forming. In a few months, I again heard from him, when he expressed himself as being perfectly well.

Knowing the fatality usually attendant upon this disease, I was surprised at the favorable result. The connection of the kidney with the abscess is not easily explained. At no time was there an escape of urine through the opening in it, although large quantities of pus were daily carried off by the kidneys.

CASE OF PRÆPARTUM ECLAMPSIA; PU-
ERPERAL MANIA; DEATH; AUTOPSY.

By JAMES B. BURNET, M.D.,

House Physician, Bellevue Hospital, New York.

Sarah J. Barrow, aged 20 years, a native of Ireland, was admitted into the waiting-ward of Bellevue Hospital on November 6th, with the following history: She had always been well previous to her pregnancy, during which she noticed more or less swelling of her legs. Her urine, on examination, was found to be acid, and contained a considerable amount of albumen. She was ordered *magnesiae sulphat.* in sufficient quantity to keep her bowels freely open, and in addition, *R. Pulv. digitalis, gr. j; pulv. jacobii, gr. iij; sodæ bicarb., gr. v. M. Ft. chart., ter in die sumatur.* The powder disordered her stomach, and hence it was omitted, and the salts relied on to prevent the occurrence of uræmia. The urine was examined three times subsequently, at the last two of which, no albumen was found. She continued quite well until November 28, when at eight and a half A. M., she was seized with a convulsion, which lasted about ten minutes. She remained semi-comatose about fifteen minutes afterwards. She was ordered a hot air bath immediately, and *gtt. ij. olei tigllii.* The bath caused free sweating, and she seemed somewhat relieved. The urine showed no albumen with heat or nitric acid, but the microscope revealed considerable epithelium, and numbers of small fatty casts. At 2, P. M., another dose of croton oil was administered, and operated freely at 6 P. M. On the following day, as the urine still remained scanty, a dozen dry cups were applied over the loins, and half drachm doses of *bitart. potassæ* given three or four times daily. Meat diet was prohibited. On November 30th, she was sitting up and complained only of headache and disordered stomach. *Potassæ bitart.* to be continued. From this time her bowels were kept freely open, and the urine was more copious, although occasionally albuminous. Fatty casts and cells were also found in it. She fell in labor January 15th, at 10 A. M., her urine at the time being decidedly albuminous. The labor progressed favorably, the child presenting by the

vertex in the first position. Knowing the previous history of the case, the patient was watched very closely, and all things were prepared to get her at once under the influence of chloroform, should she have a renewal of the convulsions. The case terminated happily, at 11, P. M., January 15th, the mother giving birth to a finely formed boy of eight pounds weight. The following day she seemed to be doing well. Her urine, which had been scanty, increased markedly in quantity, so that she passed as much as three and a half pints in twenty-four hours. On January 17th, the milk fever had set in, complicated with vomiting and a dry skin. For this she was ordered a hot-air bath, which gave her much relief. During the day, as she complained of after-pains, she was ordered *sol. morphiae sulph.*, (U. S.) f. 3j. That night she was found to be quite delirious, talking in a subdued tone, and very quietly, but not knowing what she said. At this time, it was thought that the delirium was due to the morphia, as the patient said she felt quite well and free from pain. On the following day, she was again quite rational at the time of the morning visit, but subsequently she gave some indications of a wandering intellect, in so obscure a way, however, as to make it doubtful, whether she were really delirious, or in a half-dreamy state, and talking in her sleep. On January 18th, she grew much worse, so that most serious doubts were entertained of her safety. Vomiting again began, she was very delirious very weak and with a very flushed face. The appearance of her face led to a very careful examination for pneumonia, but no evidences of it were found, nor was there any affection of the respiratory functions, save a slight catarrh. At this time the urine was still copious, but decidedly albuminous, the lochia normal, as regards quantity and quality, and the secretion of milk, still continued. There was no pain or tympanitis over the abdomen.

On the night of the 19th, the patient complained of not having slept any for twenty-four hours; had a hot dry skin; a burning thirst; with a craving for hot drinks; and occasionally vomiting. Her pulse was 140 and very weak. The case was now decided to be one of puerperal mania, the diagnosis being arrived at by exclusion. She was ordered at this time, a hot foot bath, and hot whisky-toddy to satisfy her own cravings, and in the hope that it might produce diaphoresis, calm excitement, and so induce sleep. This happy result was not attained, and, on the morning of Jan. 20th, she was transferred to a medical ward. Her condition, on that morning,

was much the same, with the addition of very marked tympanitis of the abdomen, but without distinct evidence of pain. Lochia good; pulse 140, small and weak. Ordered quiniæ sulph. gr. iv., every four hours; whisky and nourishment as before. At 11 o'clock, A. M., her bowels were moved, and she passed the first urine since she entered the ward, only two or three ounces in amount. At 12, 2, and 4, her pulse was 150. At 5 P. M., Professor T. G. THOMAS, the visiting physician, was taken to see the patient, and decided that it was a case of puerperal mania. As the great indication was to procure sleep for the patient, at Dr. THOMAS' suggestion, she was at once put profoundly under the influence of chloroform, and kept so for half an hour. At the end of that time, grt. x. of MAGENDIE's solution of morphia were given hypodermically, and the chloroform was withheld. She recovered consciousness to some extent, but soon dozed off into a quiet sleep. This was at six, P. M. At seven she was still sleeping, and so continued during the following hours till 10, P. M., with only slight intermissions. At that hour her pulse was 154. At 12 o'clock, it was found that she had not slept any since the last visit. She was very restless and talkative; pulse 154. The chloroform and morphia, were now repeated, and she was ordered to be awakened at three to take some nourishment. She slept quietly till three, after which she was wildly delirious, until seven, A. M., Jan. 21st, when she died.

Autopsy. January 22d, 2½, P. M. Brain congested throughout, but not to any very great degree, and supposed to be due to the chloroform otherwise quite healthy. Uterus healthy; the right ovary was intensely congested. In the fallopian tube of the same side was a very small quantity of purulent-looking fluid, about two drops. The left ovary was healthy, and no pus in the ligament of that side—no peritonitis. The kidneys were large, weighing 6½ and 7½ oz. Fatty degeneration well marked. They were also very much congested, so that the malpighian tufts appeared to the naked eye, as fine red points. The microscope confirmed the appearances, as fatty cells and tubes were seen in abundance.

— SYPHILLIS CONTRACTED FROM CIGAR STUMPS. Two cases of Syphilis contracted by chewing cigar stumps picked up in the streets, have been reported in a recent number of the *Giornale Italiano delle Maladie Venere*.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
November 6th, 1867.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Operation for Bony Anchylosis of Knee-joint.
Performed Oct. 30th.

Wm. K., æt. 12. This boy was operated on for bony ankylosis of the knee, one week ago vide p. 441. He affords a good illustration of the wonderful tolerance of a joint, when all its structures are obliterated by osseous union. Perforators were introduced into the articulation and the adhesions broken up in that way, with the aid of forced flexion, and there has been no resentment at all, beyond a slight sympathetic fever which has passed away. He has taken a little citrate of magnesia, and been kept upon a light diet for a few days. He has now an excellent appetite and sleeps well. The collodion dressing is still on the part; it adheres firmly. In the course of a very few days the limb will be gradually extended by means of screw power. This is the fourth case Prof. Gross has treated in this way during the last few years, and in none of these were there any serious symptoms.

Cystic Tumor on Hand.

P. T., æt. 14. This patient has on the back of the left hand, a sort of double cystic tumor, a little constricted at the centre, connected with the tendons of the index and middle fingers. It has been present for about a year. It fluctuates a little; is slightly indented on pressure; and is free from pain, unless the hand is used a great deal, when there is an occasional twitch of pain, and some degree of tenderness in the part.

This is a ganglion, a small cyst situated in the course of the tendon to which it is closely united. This affection is occasionally met with in the higher classes of society, but more commonly in the middle or lower, among hard working people, sometimes in seamstresses; persons who scrub and wash are perhaps more subject to it than any others. These ganglions are generally met with along the tendons of the extensor muscles of the hand, but sometimes in connection with the tendons of the flexor muscles of the hand. Occasionally they are found along the tendons of the extensor and flexor muscles of the toes. They are harmless, never degenerating into malignancy. Sometimes, as in this case, they come on at an early period of life.

The older surgeons were in the habit of striking these tumors with a Bible, rupturing the cyst in this way, and allowing its contents to pervade the surrounding structures. Sometimes laceration of the cyst can be effected by the pressure of the thumb. This is only the case when it is of comparatively recent formation and very thin.

The operation which Prof. Gross has performed for a number of years, and which originated with him, consists in introducing a tenotome subcutaneously, pressing out the contents, dividing the cyst at a great number of points, and then bringing

the opposite surfaces in contact by means of a compress, confined by a narrow roller, the cure being completed by the application afterwards of tincture of iodine to set the absorbent vessels to work. This operation was performed, the fluid which escaped looking very much like the gum which exudes from a cherry tree. It is not the synovial fluid which commonly exists in the sheath of the tendon, but that fluid altered by its own accumulation. A compress was applied by means of a coin making firm pressure. Unless some contraindication arises, the compress will be allowed to remain for six or seven days. It will then be removed, and dilute tincture of iodine painted on, after which it will be re-applied. In this way the treatment will be continued until there is reason to believe the sac has become completely obliterated.

Encephaloid of the Upper Jaw.

Mrs. C., *æt.* 48. This patient lives in New Jersey. She has two children, and was until four months ago quite healthy. The trouble first manifested itself by an obstruction in the left nostril, interfering with respiration. A discharge from that nostril made its appearance on the pillow at night. The tumor grew and began to encroach upon the face, about eleven or twelve weeks ago, and upon the mouth six or eight weeks ago. The tumor now extends nearly as far back as the lobe of the ear, as high up as on a level with the orbit of the eye, and down beyond the level of the corner of the mouth, which is drawn down somewhat. It involves the whole of the alveolar process of the upper jaw, and the inner portion is in a state of ulceration. The skin is somewhat discolored over the tumor, and her complexion is peculiarly sallow. The pain in the part is of a dull, heavy, aching character, and extends to the forehead and temples, preventing sometimes sleep at night. There is not now a great deal of discharge from the nose. The tumor has bled a little at times. She looks very pale, her weight has diminished from 186 to 120 pounds, and she is very weak, so that she walks with difficulty. Appetite is poor.

This disease is encephaloid, fungus hæmatodes, medullary sarcoma, (as it was called by Mr. ABERNETHY), cerebriiform or soft cancer, as it has been variously denominated. It presents what Mr. PAGET and his school, and the German school of VIRCHOW, call rapid proliferation, rapid cell formation. The cells are of a cordate character and doubtless very abundant. This tumor commenced only four months ago, yet it has made already very considerable progress, the constitution evidently sympathizing with it.

She was ordered,

R. Quinæ sulphatis,	ʒiiss.	
Elixir calisayæ,	f.ʒvj.	
Acidi sulphatis dil.	f.ʒiij.	
Tr. nuc. vomiceæ,	f.ʒij.	M.

Sig. Dessertspoonful, ter die. Also milk punch, two tablespoonfuls of whisky to a tumbler of milk, three times a day. As an anodyne at night, she will take three grains of solid opium. This will not act upon the skin so readily as morphia would do, and it is important that this patient should not have anything which

will relax the skin or promote perspiration. Opium is not prescribed as often as it should be at the present day; morphia is given constantly without reference to the state of the system.

Fatty Tumor on the Back.

Mrs. L., *æt.* 40. This woman has a large tumor in the middle line of the back between the shoulder blades. It was first noticed four months ago. There is no pain in the swelling, no discoloration of the skin, and no enlargement of the subcutaneous veins.

The tumor has a sort of semi-elastic feel, and is slightly movable.

This is a fatty tumor. If it were cystic, it would not have obtained such a bulk in so short a time, and it would be more easily indented.

The tumor was removed by enucleation, the incision being made in a vertical direction. The edges of the wound were brought together by three points of twisted suture. It is doubtful whether union by the first intention is obtained. This is a part of the body where little hope of it can be entertained, owing to the mobility of the shoulders. She was ordered to keep the arms quiet, to remain in a warm, comfortable room, and to live upon a light diet.

Fatty tumors grow in various parts of the body, more frequently upon the trunk, sometimes upon the extremities. Their structure is similar to that of fat in the natural state. They rarely have anything like a distinct capsule or covering. Now and then, if very large, the cellular tissue around them becomes condensed, so as to give rise to a sort of adventitious covering, but this is very uncommon.

Chronic Abscess.

Samuel S., *æt.* 22, colored, from Charleston, South Carolina. This man has a swelling on the breast over the sternum. He first noticed it eight weeks ago. It has been increasing quite rapidly in size. There is no pain in the part, and he is perfectly well in other respects. There is preternatural heat in the part, but no discoloration. It is too soon for any tumor of such a size to form, excepting encephaloid. He had chancres on the penis two years ago, but there is no history of any secondary manifestations. Distinct fluctuation can be detected in the swelling.

This is either a chronic abscess or one of those gummy tumors, the result of a syphilitic taint of the system, which form in the cellular tissue, and in connection with the bone and periosteum.

The abscess was opened, and characteristic strumous pus obtained. The probe introduced came into contact with a rough surface on the sternum.

These cold or chronic abscesses are very frequently provided with a distinct cyst, a pyogenic membrane formed out of the plasma of the blood limiting the matter, and preventing its diffusion.

He was ordered three grains of iodide of sodium with one-tenth of a grain of bi-chloride of mercury three times a day. As a local application, the cavity will be washed out twice in the twenty-four hours, with a weak solution of carbolic acid, two or three drops to the ounce of water, and over the outer portion a gum ammo-

nia and mercurial plaster will be applied, taking care that the opening made with the knife shall not be closed by the plaster. A tent will be kept introduced, to prevent the edges from reuniting, for a few days, until they begin to granulate, when the opening can be left to take care of itself. His appetite is good, and he therefore needs no tonic or stimulant of any kind.

Medical Societies.

NEW YORK MEDICAL JOURNAL ASSOCIATION.

Regular meeting, Nov. 15th, 1867.

Dr. WHITE, in the chair.

RESUMÉ OF THE CHOLERA OF 1867.

Dr. JOHN C. PETERS read a very able and interesting paper upon the progress and distribution of the late epidemic, tracing it from its indigenous source, to those portions of the globe where it may more properly be considered as exotic. The various routes pursued by cholera, and their immediate connection with the great lines of commerce and travel, were amply and clearly illustrated by very carefully prepared maps. As an abstract of this paper would scarcely do justice either to its author, or the subject matter, we present the greater portion of it in full, hardly knowing where to compress, since the whole paper itself is a condensed statement of interesting facts, logically and clearly connected.

The Dr. remarked that cholera has prevailed in few places this year; we have merely had to deal with the remains and dregs, as it were of the great epidemic of 1865, rather than with any new infection, except perhaps in one place, viz., Hurdwar, in Hindoostan, near the source of the Ganges. The great epidemic of 1865, was particularly noted for the course or line of travel which it pursued, for this differed from all other previous routes. It started from Bombay, passed up the Red Sea to Mecca, from thence to the Mediterranean, and from thence to all parts of Southern Europe.

Before the establishment of the overland route to India, and the use of steam-vessels on the Red and Mediterranean seas, cholera died out on Ship board, before it could be conveyed from Calcutta around the Cape of Good Hope to England. It was formerly conveyed across Central Asia to Russia, because Russia had monopolized almost all the trade with the Asiatic tribes, and we know that cholera follows the lines of commerce. This Russian trade extended more especially down from the towns of Astrachan on the Volga, and Orenburg on the Ural river, down to the very borders of Hindoostan. There is hardly a tent or house in all Central Asia, which is not supplied with Russian articles. No less than 3000 camels are employed in carrying iron pots alone, from Orenburg, and one company of traders employ 27,000 camels. Of course cholera has often travelled and will continue to travel overland from India to Russia, as long as this extensive trade is maintained, and the towns of Orenburg

and Astrachan will not only be the most exposed, but will also be the first to contract the disease. This was so well known in 1832, that the Asiatic cholera was called the Russian cholera when it reached the borders of England.

Another great line of cholera travel towards Europe, is up the Persian Gulf, through Persia to the Caspian Sea, and Astrachan in Russia. These three great routes were illustrated by very carefully prepared maps.*

As cholera always, or at least very frequently, moves along the great lines of travel and commerce, the question whether it is communicable from one person to another, is a most important one, and this question is now considered as having been definitely settled by the experiments of THIERSCHE in 1854, and the corroborative ones performed in England during the past season by BURDEN, SANDERSON, and THUDICHUM.

In repeating the experiments of THIERSCHE, these latter gentlemen discovered that when the cholera matter had killed one series of mice, another series which devoured the dead bodies of the former, were seized with the disease in equal virulence, the mortality ranging as high as 57 per cent.

Carrying on the experiments to a *third* series of mice, a mortality of 50 per cent. ensued.

It is very interesting to note that these experiments succeeded in August and September, but always failed in November, owing doubtless to the low temperature which prevails at that time. There seems to be some relation between this result and another great fact, that cholera almost always dies out in the fall of the year, or rarely continues during the winter. The author then took up the subject of microscopic fungoid growths, as connected with the causation of cholera, giving special prominence to recent observations made by the Germans, which would seem to prove a vegetable origin. It ought to be added, that the ordinary vibriones have frequently been discovered in large quantities in the rice water evacuations, even while yet contained in the small intestines, showing merely that there is a remarkable proneness to decomposition of the intestinal contents. English observers, as a rule, have not placed so much stress upon these microscopic bodies, being content to destroy their pernicious effects by liberal applications of carbolic acid, permanganate of potash and other disinfectants.

* The author has very kindly placed at our disposal, many of the more important maps showing the course and distribution of the principal epidemics, which starting from India and Hindoostan, have travelled through Europe, and from thence been transported to the United States, and spread itself by means of military conveyance, to various army stations and Indian tribes. We regret that a want of space precludes us from availing ourselves of his generosity. These society Reports follow each other in such rapid succession, and demand so much of our space for mere printed matter, that anything but the most meagre illustration in the way of engravings is necessarily precluded, both on account of want of room and time. By frequent reference to ordinary maps, the careful reader will be enabled to follow the author's interesting researches, and thus, though perhaps less satisfactory, supply the want of illustrations.

In our own country we have had but little cholera this year, still that little has been in interesting quarters. Last season, viz., 1866, it went from New Orleans, up the Mississippi to the Arkansas to Little Rock, thence to Fort Smith, from thence to Fort Gibson and Fort Arbuckle. It again broke out in all these places this spring, (1867,) and also at Helena and Memphis.

At Fort Gibson it commenced in June, and soon rose to the high mortality of 25 per day in that little place, and was also handed over to the Cherokee and Creek Indians, in that neighborhood.

Fort Gibson has an historical interest in connection with cholera, for the disease has prevailed there no less than four different times. It broke out in New Orleans in October 1832, and again in May 1833, and was carried to Fort Gibson in the third quarter of the year 1833, and destroyed 170 persons.

The cholera of 1848 began in New Orleans in December, and was carried up the Arkansas river in steamboats, and reached Fort Smith in the second quarter of 1849, and from thence was again carried to Fort Gibson, where 181 cases occurred in the U. S. Army in July and August of 1849. In May 1851, cholera was again carried to Fort Smith by two companies of the 5th infantry, who came from Corpus Christi, Texas, with cholera. It was also carried last year from St. Louis and Jefferson Barracks near it, up the Missouri river to Fort Leavenworth, where it again broke out this spring, and was carried to Forts Riley and Harker, and from thence to the new town of Ellsworth, which at that time was only six weeks old; but cholera reached it unerringly, because soldiers, rail-road laborers, and others coming from infected districts, passed through there with the disease.

This is a new line of travel for cholera to take from Fort Leavenworth. Formerly it was always carried northwest along the great Oregon travel to Forts Kearney and Laramie, and thence across the Rocky mountains.

Fort Leavenworth has great historical interest in connection with cholera. It prevailed there in 1833, in June, 1849, July, 1850, June and July, 1851, May, 1852, June, 1854, and again in 1866 and 1867. It has regularly been brought there from St. Louis, and was handed along the great line of travel to Oregon, along the Platte River to Fort Kearney, and from thence to Fort Laramie, and from thence to the Pacific coast. The reason that it has so often been brought to Fort Leavenworth is, that this place formerly was not only on the great line of emigrant travel to Oregon, New Mexico, and the great plains, but also used to be the great depot for supplies, and a rendezvous or starting-place for all the United States troops going west. Now the line of travel is somewhat diverted to the Pacific Railroad.

In 1854, over 1000 emigrants died of cholera on the road, before they reached Fort Kearney, and many Indians, who loitered along the emigrant road from curiosity, and for the purpose of begging, paid a terrible penalty.

There have been no less than eight epidemics of cholera at Fort Leavenworth, all due to its intercourse with St. Louis. In 1866 there were

3500 deaths from cholera in that city, and this year 482. The cholera of 1832 did not reach Fort Leavenworth till 1833, but it reached the Sac and Fox Indians, then in Iowa, from Fort Crawford, near Prairie du Chien, as early as August, 1832, and Fort Armstrong, on Rock Island, in September, 1832. The Black Hawk war was then going on, and the U. S. troops contracted the disease (then coming down from Canada) at Detroit, carried it to Fort Dearborn, or Chicago, and from thence to Forts Crawford and Armstrong, and gave it to the Sac and Fox Indians.

An outbreak of cholera has just occurred at the Philadelphia Navy Yard, in which there were forty deaths in the receiving-ship, traced to new recruits enlisted with incipient cholera.

An outbreak at Havana is now reported.

An English troop-ship, the Himalaya, direct from Malta, has brought the disease to Quebec. The Himalaya took two soldiers on board with premonitory diarrhoea or incipient cholera. They were the first cases of cholera which occurred on board the Himalaya. The disease died out on the long voyage from Malta to Quebec, but as infected articles possibly have been retained on board, Dr. MARSDEN carried out the strictest sanitary measures against her.

Professor N. S. DAVIS, of Chicago, has just published an article, in which he takes the ground that true Asiatic cholera can originate in any city and any country, irrespective of importation. That the same causes which now are acknowledged to give power and activity to the infection, are capable of originating it anywhere. These causes are, high temperature, moisture, accumulation of decomposable animal and vegetable matter, and absence of proper ventilation and drainage. He denies that the epidemic of 1866 in Chicago, either in its beginning, progression, or decline, could be traced to any influence from the importation of persons or goods from other localities.

It is sufficient to say that the causes of common cholera prevail every year, but we never have Asiatic cholera in this country, except after it has prevailed in Europe, that it always prevails in the East before it does in the West, and that it is easy to confound common cholera with Asiatic cholera.

The distinction between common or country cholera and the true epidemic pestilence, was made, even in Hindoostan, as early as 1817. In common cholera, which is allied to diarrhoea, cholera morbus, etc., the loss is six or seven per cent., while in true Asiatic cholera, the loss is sixty to seventy per cent. It is a significant fact, that Dr. DAVIS has been remarkably successful in the treatment of what he supposes to be true cholera.

No one denies that diarrhoea, cholera morbus, cholera infantum, and septic cholera prevail very largely in the dirty portions of all great towns, in the summer. But neither of these diseases is true Hindoostanic or Asiatic cholera. The English cholera often approaches the Asiatic in severity, at least in appearance, but the majority of cases recover, and the more experienced English physicians do not confound these diseases, except,

perhaps, at epidemic times. But Dr. DAVIS' article, and another in the *Boston Medical Journal*, are interesting, as proving how closely ordinary cholera sometimes resembles its more malignant prototype.

Cholera in Europe in 1867.

Cholera has prevailed at Warsaw, in Poland, between June and August of this year. There have been about 4000 cases and 2000 deaths.

There have been many cases in Switzerland, all traced to direct importation from Italy.

At Rotterdam, (Holland,) there were 18 or 20 cases a day in the beginning of September, but by the 21st, it had decreased to two or three per day. It has remained at Rotterdam since 1865, or rather has broken out again in the summer of 1866-67. I do not know how it reached Warsaw, but DRASCHE, the celebrated historian of cholera, says it was conveyed direct from Rome to Zürich in Switzerland, by a family which fled from the former place: a child, which had already been sick with premonitory diarrhoea, then the washerwoman, then a relative, then a friend who often visited the house. There were 591 cases in Zürich this summer.

The rest of Europe has escaped this year, with the exception of Italy, Tunis, and the islands of Sicily and Malta. Sicily escaped in 1865, in consequence of a strict quarantine, but an insurrection breaking out in 1866, Italian troops were sent from Naples and other parts of Italy, and carried the cholera with them. In fact, this is the third year in succession that Naples has been visited by cholera, and the causes are obvious. There is not a street or lane in which putrid exhalations and pestilential smells are not emitted from many sewers and choked conduits, poisoning the air, and even rendering it necessary to rinse the mouth frequently, to get rid of the disagreeable taste. The water is also bad.

From Naples it was carried over to Palermo in Sicily, by Italian troops. This was so manifest, that the soldiers were charged with having poisoned the wells, fountains etc., and much popular indignation was excited against them. In Sicily there were no less than 12,000 cases and 7000 deaths in two weeks, and 60,000 people left the island. In Italy, last summer, the ravages of the disease were very great, no less than 63,000 cases and 32,000 deaths having occurred in a few months. The same scenes of prejudice and superstition were enacted in Italy as in Sicily, aided by the machinations of the reactionary party against VICTOR EMANUEL, especially by the old Bourbon party, and, it is said, by some of the priests whose religious establishments had been broken up.

The people would not only not drink water, neither would they use it for washing purposes. Doctors, soldiers, apothecaries, nurses, and witches, were accused of carrying the cholera about in powders and ointments, scattering it in the air and putting it in the water. The use of disinfectants probably led to this malicious charge, and the well known malign influences of bad water, especially that contaminated with matters from the sewers, led ignorant people to believe, and designing villains to charge that the drinking water had been poisoned. Many apoth-

ecary shops were destroyed to get at the ointments and powders which were supposed to disseminate the disease. Railroad trains and the mails were stopped, and, finally, the dead were left to rot in the houses from whence all the rest had fled. The soldiers were obliged to break open these houses and bury the offensive corpses. Finally, the dying refused to receive the sacred wafer from the priests, fearing that it might be poisoned, and rejected both food and medicine from soldiers and priests. Soldiers, physicians, apothecaries, and supposed witches were mobbed as cholera-agents. The noble and zealous often showed as much ignorance as the superstitious. Thus, when cholera broke out in Albano, Cardinal ALTIERI, the bishop of that place, started at once from Rome, took all the money he could raise, stripping his palace of all clothing, bedding, and food, and took two physicians with him. When he reached Albano, he addressed the people at once, carried the sacred host barefooted through the streets, administered the sacrament to all, gave away all his linen and beds, took no sleep, and ate coarse food. He, of course, died in three or four days. So strong was the belief that the soldiers and the authorities caused the cholera, that a brigand, named Palma, ordered the professors and prefect of the town of Rossano to cause the disease to cease instantly, or he would come down with 4000 men, and burn and destroy everything before him.

A Society of the Sacred Heart of Jesus was formed to prevent cholera; each member to wear a cross cut out of red woolen, and surrounded by a little cross, the whole to be fastened upon a square of white woolen, with the inscription, "Stand off, the Heart of Jesus is with me." Bishop FETICI, of Parma, granted forty days' indulgence to all who would wear the badge and report certain progress daily.

How different has been the conduct and success of the English authorities, especially in and near Bristol, the home of Dr. BUDD. They attended to the things which were before their eyes, and under their noses, and seemed to care little for the air above or the waters under the earth, except that used for drinking. Thus Pill, a little town five miles from Bristol, England, with 1800 regular inhabitants, became fearfully overcrowded by sailors and rail-road laborers. There had been twenty-five cases of cholera. The town was very filthy, and had a ditch and brook filled with refuse matter from sewers; many privies emptied into it by open drains. Many houses had no privies, but their inhabitants used the banks above the brook for this purpose, so that it was absolutely covered with fecal matter. All the cases could be, and were traced to direct contagion. There was no trifling with a few teaspoonfuls of carbolic acid or a handful or two of chloride of lime, but all the privies and dung-hills were thoroughly disinfected, one-half ton of sulphate of iron was put in the ditch, and the surface covered with chloride of lime. Where the brook emptied into the village, one-hundred pounds of sulphate of iron was thrown in every morning; a strong solution of sulphate of iron was put in every drain, and carbolic acid, one-half pint to a bucketful of water, followed after.

The privies were washed down with a solution of carbolic acid, fumigated with chlorine, and covered with chloride of lime and charcoal powder. Filthy ground was watered with solutions of carbolic acid, and covered with Calvert's powder. Infected houses were fumigated, whitewashed, and the floors scrubbed with a solution of permanganate of potash. All bedding and linen, soiled with cholera discharges, were, as far as possible, destroyed. Nurses were sent down from Bristol, and went to every house where cholera existed, and taught the inmates how to use disinfectants for bed-pans, close stools, chamber pots, etc.

Cholera discharges had been thrown upon a heap of refuse near the principal well of the town, this was so drenched with carbolic acid, that an accidental rain rendered the water undrinkable. Depots were established where medicines, beef-tea, milk and ice could be obtained, and schoolmasters and clergymen were supplied with cholera medicine. It required four days to carry out these arrangements. During the first two days, fourteen fresh cases occurred; upon the fourth day, only seven new cases were noticed, and many of these had been previously infected. The last case occurred on the twelfth day after these proceedings were established. In twelve days the epidemic was at an end.

As Malta is in the direct line of travel from Mecca to Alexandria, and many Mohammedans live on the island and often go on pilgrimages to Mecca, the disease now prevailed there very frequently. In the week before October 4th, 1867, one hundred and forty cases, and ninety deaths had occurred.

Cholera in India in 1867.

In Hindoostan, the home of cholera, what is now graphically called the "Pilgrim nuisance" has been forced anew upon the medical and other authorities. The London *Lancet* of July 1867, says: "There never was, perhaps, a more forcible illustration of the doctrine that cholera travels along the lines of human intercourse, than that supplied by recent occurrences in April, May, and June 1867, at Hurdwar, and its vicinity. One of those well-known great native gatherings took place there this year in April 1867. Cholera appeared; the vast assemblage broke up, and dispersed towards their homes and spread the disease along the whole line of their route. From Hurdwar as a centre, did the disease radiate outwards in the diverging lines taken by these natives."

The Indian correspondent of the *British Medical Journal* of June 8th, 1867, writes: "The returning Hurdwar pilgrims seem to be carrying the cholera poison with them in all directions. Despite every precaution taken to keep them out of the English military station at Umballa, which is the first post North-west of Hurdwar, and scarcely twenty miles away, and that by means of a cordon of police and the troopers of the 11th Bengal cavalry, two infected pilgrims managed to get into the Bazaar of the 94th regiment of white troops. In consequence, some thirty cases of cholera soon occurred, including three medical officers, one lieutenant, some

white soldiers, and many native troops and camp followers. Up to April 19th, 1867, it is known that 269 cases of cholera occurred in one column of pilgrims in the short stretch between Hurdwar and Umballa, and many more deaths happened in other columns which pursued this and other directions."

The great towns of Lodiana and Lahore, which like Umballa are on the grand trunk road to the north-west were reached next in order. From Lahore, cholera spread north-west in a direct line along the grand trunk road to Altock and Peshawur. In the London *Medical Times and Gazette*, we read:—"During the present epidemic (1867), Peshawur the advanced post of north-western India, has suffered the most severely, though cholera is now widely disseminated throughout India, and exists at most of the military stations in Bengal. Ten per cent. of the troops at Peshawur have already been attacked, and 58 per cent. of these have died."

At the present time, the English government maintains a regular standing force between Hurdwar and Peshawur of more than 12,000 men. A large English garrison is kept at Amballa or Umballa, the nearest point to Hurdwar, and at Lodiana a little farther north. From Peshawur, the cholera of 1867 will almost certainly be taken to Cabul, thence to Balk, and finally to Bokhara, which latter place our friends the Russians are now besieging, or have already taken. The cholera may reach the Russians there, and they may carry it back to Khiva, and thence to Astrachan and Orenburg, where it has always been previously conveyed by the Asiatic and Tartar tribes. The above facts are particularly interesting, because cholera has always been conveyed to Central and Western Asia, to Persia, and to Russia, by this same route through Altock and Peshawur. In fact, if it is conveyed by persons, and not solely by winds, it can go in no other direction.

The province of the Punjab, the extreme north-western province of Hindoostan, which has Hurdwar on its south-eastern boundary, and Peshawur the border town, or extreme advanced post of all Hindoostan, on its north-western line, is enclosed on all its northern and eastern sides, by the Himalaya mountains, extending in one unbroken line for nearly a 1000 miles in length, and about 80 in breadth, forming a continuous pile of precipices, rocks, snow and ice.

Nothing resembling a wagon, or even ordinary beasts of burden, such as horses or oxen, can pass this barrier. Goods can only be carried on the backs of sheep and goats, and thus a scanty trade is carried on between Hindoostan and Thibet. The first and only break or pass in the Himalaya mountains is at the town of Altock, where the Cabul river makes its junction with the Indus.

The Province of Punjab and the town of Altock, have great historical, commercial and medical interest. Almost all the invasions from the time of ALEXANDER the Great—336 B. C., have taken place along the line of the Cabul River, through the town of Altock. Almost all the trade of Hindoostan with Persia, Independent Tartary, Central Asia, and Russia, almost

every epidemic of cholera has followed the same route of travel and conquest, and one of the great nurseries of cholera exists at Hurdwar, just below the Southern boundary of the Punjab. I am not quite certain that the first great modern epidemic of cholera, that of 1817, escaped by this route. It probably did, but up to the present time no European has ever been able to go from Cabul to Balk, Bokhara, and Khiva, except in disguise, and the sources of information are necessarily scanty.

But in 1827, it destroyed 30,000 persons in Lahore, and passed from there to Cabul, over the Himalaya mountains, and from this last city, which is a great emporium for the merchandize of Russia, it was transferred by caravans through Balk, Bokhara and Khiva, to the Caspian Sea and Russia. At Cabul the two great lines of travel from Persia and Russia meet, and at Cabul the great line of cholera coming up from India divides, the one line leading to Persia, through the towns of Herat and Teheran, and finally to Astrachan; the other leads through Balk, Bokhara and Khiva, to Orenburg, in Russia.

ROBERTS says: "The largest of all the Indian fairs is held at Hurdwar, at the time of the vernal equinox. From 2 to 300,000 persons congregate there every year, and *every twelfth year* the number of pilgrims, merchants and visitors, frequently exceeds one and a half millions. This fair is a focus for the produce of all India, from Calcutta in the south-east, to Bombay in the south-west, and all the intermediate provinces; also of Cabul, Afghanistan, Persia, Arabia, and Independent Tartary. Horses, cattle, camels, jewelry, Persian dried fruit, spices, shawls, cotton goods, cutlery, etc., are the principal articles of trade."

Another writer says: "Hurdwar is a great mart of commerce, and a celebrated place of Hindoo pilgrimage. In the month of April the pilgrims perform their ablutions in the sacred Ganges; and great numbers of merchants follow, forming one of the largest fairs known in Hindoostan. In 1807, no less than two millions of strangers attended them. In 1783, we are told by many authorities, that about one and a half million dervishes assembled at Hurdwar, to celebrate a religious festival of peculiar popularity, and that in eight days 20,000 of them died of the cholera." It is perfectly evident from the above, that if cholera originates anywhere in India and reaches the neighborhood of Hurdwar, it will be strengthened there every year in April, and that every *twelfth year* this influence will be quadrupled, or more. That every year that cholera originates at Hurdwar, or is brought there, it will be conveyed north-westward through Altock and Peshawur to Cabul, and then will proceed due westward to Persia, northward to Balk, Bokhara, Khiva, to the nearest Prussian commercial towns, which are Astrachan and Orenburg.

Of all the great seaport towns of Hindoostan, as connected with the transportation of cholera, Bombay has excited most interest since 1865; far more in fact than Calcutta used to. It seems well proven that our last great epidemic, viz., that of 1865, was conveyed from Bombay to Makulla, on the southern Arabian coast, thence

up the Red Sea to Mecca, thence to Suez, Cairo, and Alexandria, to the Mediterranean; and from Alexandria to Constantinople, Malta, Marseilles, and Southampton, England.

Bombay should have excited much more attention long ago than it received.

The cholera of 1817 started from Allahabad, at the junction of the Ganges and Jumna Rivers, reached the Marquis of HASTING's army, just below in the Bundelcund, was carried down to Nagpoor, and from thence to Poonah and Bombay, which it reached early in 1818, by means of troops passing to and from Bombay and Nagpoor to coöperate with the Marquis of HASTINGS.

There were nearly 16,000 cases of cholera in Bombay, from August 1818, to February 1819. In 1821, the Presidency of Bombay was again the seat of the disease, in its most mortal and malignant form; and it was carried over to the Persian Gulf by a convoy of English troops.

It returned again to Bombay in 1825, in great severity, and caused great alarm. Large cholera hospitals were built, and immense quantities of wood, tar, and gunpowder were burned, and large quantities of vinegar used as disinfectants. The epidemic of 1821 progressed up the Persian Gulf to Bushire, thence crossed Persia by way of Shiraz, Ispahan, and Teheran, to Tabrez and Tefhs, and from thence to Astrachan, in Russia, which it reached in 1823. At Astrachan the precautions of the Russian Government were so efficient that the disease was stayed, and did not reach that place again until the 19th of July, 1830, seven years afterward, when the old belief in contagion and infection having died out, the disease was allowed to spread to Russia, and also to Europe.

The cholera of 1829 at Bombay, was conveyed over the same route, but did not stop at Astrachan, for it was carried through to Poland and Prussia, to Hamburg, and from thence to London.

During the last year renewed attention has been paid to the frequency and extent of Hindoo pilgrimages, and their influence upon cholera. The river Ganges has been found to be dotted with holy places, from its mouth in the Bay of Bengal, to its source in the Himalaya mountains, at Hurdwar. At the mouth of the Hoogly, below Calcutta, is situated Saugar Island, the extreme point of which is considered by the Hindoos to make the junction of the Ganges with the sea, and is accordingly esteemed as one of the holiest spots in India. At a certain season of the year they flock thither in great numbers, for the purpose of bathing and offering sacrifices. There is much reason for the belief that the first great cholera originated here, and was carried up the Ganges, both to Calcutta and Jessore, although both of these places are filthy enough to generate cholera within their own limits. Several great festivals take place annually at Calcutta.

About 150 miles north of Calcutta is Gaya, the birth-place of Buddha, and the scene of Vishnu's incarnation; a place annually visited by vast numbers of pilgrims. Near Patna is the remarkable mountain Junghera, rising like an island from the Ganges. It was formerly considered the holiest spot along the whole river, so that thousands of boats and larger vessels were

constantly to be seen there, as many Hindoos thought they could not die in peace without visiting it.

Benares, still further north, is the holy city of the Hindoos, of far greater sanctity to him than Mecca to the Musselman, or Jerusalem to the Jews, for here Mahadeo, the god of the Creative Principle made his last appearance on earth. It is so particularly sanctified, that all who live within a circuit of five miles, or visit it, go to Heaven, whether they wish to or not. The daily number of devotees on the banks of the river is 50,000, and at least 3 or 400,000 arrive annually at the great festival of Mala, in honor of Mahadeo; and the river is black for miles with the bathers' heads. The streets are both dirty and ugly. Many of them are so narrow that there is scarcely room for a palanquin to pass.

The Ganges waters near Benares is so holy that it is carried great distances below. BAYARD TAYLOR found the road swarming with pilgrims, each carrying his two jars of Ganges water to his home. In one afternoon he passed thousands and thousands of the lowest and poorest castes thus employed.

Allahabad is 76 miles north of Benares, near the junction of the Jumna and Ganges. It is called the city of Allah, or the city of God, because it is believed that a third invisible river flows direct from Paradise and joins the Ganges here. The festival at Allahabad takes place in February. BAYARD TAYLOR found the road thronged with pilgrims returning from it, and most of the women, as well as men, carried large jars of Ganges water suspended from poles. We can now for the first time understand the almost inconceivable rapidity with which cholera spreads along the Ganges, both up and down, when an epidemic once commences. It must also be remembered that the influence of these pilgrimages is increased from four to ten-fold every twelfth year. But these religious festivals occur not only along the Ganges, but also throughout all India, and not only every year, but almost every month in the year. Thus every temple, like those at Juggernaut and Conjeveram, has a festival on the anniversary of its dedication, which lasts ten days, and people assemble to it from all parts of India.

Great attention has been paid by the English authorities to the sanitary condition of the pilgrims to the great temples of Juggernaut and Conjeveram. Cholera used to occur at both these places, and notably so on the twelfth year. Both these places have great historical interest in connection with cholera. The great epidemic of 1781, recorded by CURTIS, the only one which has been accurately described previous to 1817, originated in the neighborhood of Juggernaut, at the annual festival which takes place early in March, when the moon is of a certain age. Colonel PEARSE's force of 5000 men was assaulted at Ganjam, only a few miles below Juggernaut, on March 22d, 1781, in the same terrible manner as were the forces of the MARQUIS OF HASTINGS in the Bundelcund, three times twelve, or thirty-six years subsequently, viz., in November, 1817. The onset commenced with almost inconceivable fury. Men previously in perfect health dropped down

by dozens, and those less severely attacked, were generally past recovery in less than twenty-four hours. The cramps of the limbs and body were dreadful, and the distressing vomiting and purging were present in all the cases. Besides those who died, over 500 sick accumulated in the hospital in the course of a few days, and in a short time more than one-half of the army was on the sick list. This epidemic forced its way up some 250 miles to the north-east to Calcutta, and occasioned a great mortality among the native inhabitants, and then pursued its path still further northward, but doubtless owing to the scantiness of the European population at that time, all attempts to trace its further progress are said to have proved fruitless; still it is well to notice that the third period of twelve years, or thirty-six years after, will bring us to the great epidemic of 1817; and the seventh period of twelve years, or eighty-four years, subsequently falls upon the last epidemic of 1865, a fact which I believe I was the first to notice.

The thanks of the Society were tendered to Dr. PETERS for his able and interesting resumé.

Dr. M. HERZOG remarked that THERSCH had recently established the interesting fact, that cholera was not communicable from one person to another in less than twenty days.

The experiments of PETTENKOFER proved that sporules of cholera could not exist where there was a plentiful supply of pure water. In houses supplied with water-closets, no cases of cholera occurred in New York city in 1867. There were two exceptions to this, but it was found that in these cases the water-closets were defective.

He considered that the cause of the periodical increase of cholera had a deeper cause than the twelfth year theory, and was to be explained by the prevalence of rain and subsequent dryness forming a subsoil stratum of moisture. He considered that, during 1867, we were protected from the spread of the cholera by the plentiful and continuous rains which occurred during the whole summer, but as this will tend to establish a great rise in the subsoil water, he sincerely believed that we will be more in danger of cholera in 1868 than we have been in 1867.

Dr. NOYES, of the Committee on Portraits, reported favorable progress. A photograph of the Staff of the New York Hospital had been secured, and Dr. S. KATZ had presented a valuable collection of portraits of the celebrated physicians and surgeons of France.

The Society then adjourned.

M.

Treatment of Whooping-cough.

The following mixture is proposed by M. DAV-NEUX, of Liège, as a prophylactic in whooping-cough. Ext. aconit., 1 grain; laurel-water, 1 drachm; syr. ipecac., 45 minims; sol. gum acac. 7 oz. Dose, a teaspoonful every hour to an infant, two teaspoonsful for a child above three years old, for adults, a tablespoonful. It should be given for eight or ten days, though no cough may have been manifested. The success from the use of the mixture is considerable.

EDITORIAL DEPARTMENT.

Periscope.

Treatment of Dysentery.

Dr. E. MONTGOMERY makes the following judicious remarks on the treatment of dysentery, in the last number of the *Saint Louis Medical and Surgical Journal*:

In the remedial management of dysentery we should pay strict regard to the predisposing and exciting causes, and also to the particular symptoms, the quantity, quality, and frequency of the evacuations, and the length of time the disease has been existing. If the patient is seen early in the attack, and has copious, dark-colored stools, a few doses of one of the following mixtures will generally suffice to carry off the source of irritation and the disease at the same time. If there is pain in the stomach and bowels, the first prescription will be most applicable:

R. Morphisæ sulphat., gr. j.
Magnesiæ sulphat., ʒj.
Syrup. rhei arom.,
Aq. menth. vir., aa f.ʒiij. M.

S. A Tablespoonful every one or two hours until better.

If opiates are deemed unnecessary or disagreeable to the patient, the following mixture will generally suffice:

R. Ext. hyoscyami, gr. x.
Sodæ et potassæ tart., ʒj.
Syrup. rhei arom.,
Aq. menth. vir., aa f.ʒiij. M.

S. A tablespoonful every hour until relieved.

After either of the above mixtures act on the bowels and produce one or two easy alvine evacuations, nothing more will usually be required, if proper attention is paid to diet and hygiene; but if there is debility or mobility of constitution, a tonic astringent, such as tannin, hæmatoxylon, or catechu, may be prescribed. An occasional dose of bismuth, charcoal, or carbonate of soda may also be given as absorbents, antacids, or correctives.

In cases commencing with copious bloody stools, we must be very prompt and judicious with our remedies, or the patient will quickly succumb. Dry cups and counter-irritation all over the abdomen, injections of oak bark tea, and the administration of some preparation like the following, choosing that which we find most applicable:

R. Strychniæ, gr. j.
Quinis sulphat., ʒss.
Magnes. sulph., ʒj.
Acid. sulph. arom., f.ʒiij.
Infus. flor. rosarum, f.ʒx. M.

S. A tablespoonful every two or three hours.

Or—

R. Acid. tannici, ʒj.
Acid. sulph. arom., f.ʒiij.
Aque puræ, f.ʒviij. M.

S. A tablespoonful every two hours.

Or—R. Pulv. opii, gr. iij.
Plumbi acet., ʒss. M.
Divide into six powders.

S. One every three hours in syrup.

In cases where the intestinal discharges are small and frequent, consisting of mucus or mucopurulent matter and blood, accompanied with great pain and tenesmus, one or two doses of the following pills will almost invariably cut short the disease:

R. Pulv. ipecac., gr. xij.
Mass. pil. hydrarg., ʒij.
Ext. hyoscyami, ʒj. M.
Divide into twelve pills.

S. Two every six hours until relief is obtained.

I here wish to enter my protest against the very common practice of giving repeated doses of mercurials, and continuing them for a considerable length of time in this disease. By this prolonged course we excite the biliary and intestinal secretions to an undue extent, and the consequence is that acrid discharges are made to course along the inflamed mucous membrane, thus adding fuel to the flames. As soon as we can substitute a free, easy, bilious discharge for the small, white, slimy, or mucopurulent stool, we have done all that we should expect to accomplish with mercurials, and their employment should at once be dispensed with. Bismuth and hyoscyamus, with suitable nutriment, will conduct the case to a happy termination.

In this form of dysentery one or two large doses of opium and ipecac. will frequently abort the disease at once. The patient is almost immediately relieved of the excruciating pain and tenesmus, the whole system becomes calm and composed, and in eight or ten hours a free and easy bilious stool is produced.

It remains for me to say a few words about chronic dysentery. It will be observed that I have been treating of the acute form, and in the early stages, and that evacuates and antiphlogistics have occupied the chief place in my therapeutics; but in the advanced stages, and in the chronic form of the disease, I believe that astringents and tonics are the medicaments most to be relied on; and we ought to try the different ones in each particular case, until we find by actual trial the precise remedy or combination of remedies which will prove successful. Where there is much blood in the dejections, resembling flux or mælena, the aromatic or the dilute sulphuric acid will be found a most desirable remedy. The liquor ferri persulphatis is also very effective in these cases. In other chronic cases where blood is not the main constituent of the evacuations, the nitrate of silver, the sulphate of copper, and the solution of the persulphate of iron will be found most applicable. I have been using the following prescription in this city for the past seventeen years, and I think it will be found very generally applicable and efficient:

R. Strychniæ, gr. j.
Pulv. cupri sulphat., gr. iij.
Pulv. opii, gr. iij.
Pulv. rad. columbo, ʒij.
Syrup. simp., q. s. Divide into xl. pills.

S. Two pills every 8 or more hours, *pro re nata*.

I have seen many very severe and tedious cases get entirely well under the use of these pills, and I can sincerely recommend a trial of them to the profession.

In mild cases, and in those of recent date, the tannic acid, the extract or decoction of logwood, the infusion of columbo root or of barberry, Hore's dysenteric mixture, etc., etc., will usually prove sufficient when aided by proper dietetic and hygienic treatment. It will be well to remember that during the whole course of either the acute or chronic form, an occasional dose of some antacid absorbent will be highly necessary. But I did not intend to write an essay on the treatment of dysentery, but to raise my voice against the very common practice of pouring in large quantities of minerals, hot stimulants, and powerful astringents, in a disease so very amenable to a mild and rational medication.

On the Bandage in Labor.

On the continent of Europe women very rarely have the bandage applied. The custom in this country seems also falling into disfavor, as the following extract from the Report of the Montgomery County Medical Society in the *Transactions of Pennsylvania Med. Society* indicates:

"BANDAGING PUERPERAL WOMEN. Dr. I. N. EVANS says: 'I seldom use the bandage after labor, as my experience in that direction for the last five years has been averse to its use. I believe that the comfort of parturient females is greatly promoted by its abandonment.'

"Dr. J. K. REID, who has a very large obstetric practice, says: 'On no occasion do I have a bandage applied. It is now several years since I discontinued the use of it, and I have been every year more and more confirmed in my belief that it is never useful, and often very injurious and hurtful to the patient. One case came under his notice in which great mischief and suffering were produced by its injudicious application.'

"Dr. A. STOKES JONES 'does not use it on any occasion, and cannot see any reasons for its use.'

"Dr. H. CORSON 'has not had a bandage applied for many years, and in no instance has any disadvantage resulted from dispensing with it, while, in many cases, ladies have expressed great gratification that they were saved from its use.' Here we find from physicians in large obstetrical practice, besides Dr. Corson, not only dispensing with the bandage, but assuring us that it is a relief to the patients, who express themselves as being more comfortable without it. It is strange, indeed, that a practice so useless, and productive of no good, should have so long prevailed.

"Dr. CORSON says: 'You ask me if my convictions are the same as when I last wrote you, on the subject of bandaging puerperal women. They are, and I think it would be well to bring the subject before the State Society, and endeavor to elicit opinions on the subject. I think it belittles the physician who directs or practises it; indicating either ignorance of mechanical or physiological laws, or moral cowardice, in view of the innovation.'

Medical Patents.

Some weeks since, we said what we had to say on this subject, and did not intend to revert to it. Nor shall we. But as our views were challenged by more than one, we are glad to make the following extract on this topic from the leader of the *British Medical Journal* for Nov. 2.

In the olden time, medicine was not only reckoned, but was one of the learned professions, whose votaries dealt, like the lawyer, in advice, which was the product of much study, and more or less of experience and careful observation, influenced, no doubt, and often unduly biased by the dominant theory. The doctor's advice, unlike the lawyer's, which had mainly to do with the property, touched chiefly the health and the lives of his clients, and the subject of his research was so mysteriously complex, that the most puzzling problems of law, whose glorious uncertainty has passed into a proverb, were but child's play in comparison. When the difficulties were so great, the issues so momentous, and the risks of error, both in theory and practice, so formidable, little wonder that each individual was anxious to get from his brethren, and ready to give to them, as much information as he could on every subject connected, however remotely, with the healing art. Shrewdness and skill in diagnosis, and the application of remedies, were personal and incommunicable qualities, which necessarily and rightly told in favor of the individual; but whatever was communicable, whether in theory, the results of practice, the discovery of new medicines, or the invention of new instruments, was freely and ungrudgingly cast into the common treasury—all the good working heartily together for the good of all. The individual was thus, in a real and substantial sense, merged in the brotherhood, whose acquisitions, material, scientific, and moral, were all unreservedly and cheerfully consecrated to the cause of suffering humanity.

In the interest of our species and of our sacred calling, we thank God that this happy and beneficent freemasonry has not ceased to exist among us; that boastful self-assertion has not yet become the rule of our order; and that we have not yet adopted a system of trade-marks for every medicine discovered or newly applied, or for every instrument invented by ingenious members of our profession. But things are not altogether as they once were, or as we could wish them to be. It is long since the introduction of the trade in drugs imparted to our profession a commercial aspect, which many are now endeavoring to efface by reverting to the old custom of charging for the advice, and not for the medicines they supply to their patients. But the practice of advertising, in all its varied forms, is of much more recent origin, and has always met with our decided opposition. In the shape of the "puff biographical," it reached, about fifteen years ago, a height that was at once laughable and revolting, and aroused a storm of indignation that seemed to render hopeless the revival of any scheme of contemporary biography in our time. It has, nevertheless, been revived in a modest

way, and under distinguished patronage, though, happily, with doubtful success. In the shape of the "puff scientific," it is in urgent request; so that nothing is more common than to see trifling brochures on "taking" subjects, wonder-working emulsions, and various other windbags, incessantly paraded in the advertising columns of the medical and other journals, till one cannot help thinking, not of the unobtrusive "labels on Bass's beer-bottles," but of "Brown and Polson's Oswego Flour," "Thorley's Food for Cattle," "De Barry's Revalenta Arabica," and such like announcements, which vex the weary eye at every railway station, and in countless omnibuses, coffee-rooms, and places of public resort, throughout the kingdom. And now, *a propos* of "medical patents," we are challenged to answer the question we have been silently and sorrowfully putting to ourselves for many a day: Is all this in keeping with the genius of medicine?

And we answer, unhesitatingly and emphatically, no; all the more emphatically because the challenge comes from one whose ability and outspoken honesty command our respect, and may secure him a hearing in quarters where the common herd of advertisers would be passed by unheeded. The liberal spirit of medicine counsels every discoverer of a new remedy to make it known and thoroughly accessible to all the world, for the benefit of his suffering fellow-creatures. The patentee stops the way with the assertion of his exclusive privilege, and a demand for his "royalty." Every patented invention is a nostrum. A medical patent differs from a secret remedy only in degree. It proclaims the remedy, but says, You shall get it only through the inventor, who may effectually check any improvement by a threat of action for infringement of patent right, and thus defeat the sacred claims both of medicine and humanity. It is puerile to compare such an exclusive privilege with that of copyright. An eminent physician has a right to lay out his time and talent as he thinks best. He may decide on employing it in obtaining for himself the largest possible income. His known skill and mastery of his art will secure him any number of fees he may aspire to, without subjecting himself to the toil and irksomeness of authorship. But he desires to be a benefactor, not only to his brethren, but to universal humanity, so he decides on publishing the results of his experience, that others may profit thereby. It is doubtful whether the sale of his work will more than cover the cost of its publication, and it contains, it may be, a multitude of hints that will prevent his being consulted, by enabling his professional readers to act on his written counsel, and dispense with his living presence. Let any man answer for himself the question, Which would have been greater, the fees without the authorship, or the proceeds of the copyright? In short, authorship is the most effectual way, not of securing to himself, but of putting the whole world in possession of the fruits of the labor and experience, and matured thought of many years. Such a work as that of Sir THOMAS WATSON is a magnificent contribution to the welfare and happiness of mankind.

"No Fellow or Member of the College (of Phy-

sicians) shall be engaged in trade." If any further justification of this wholesome regulation were needed, it will be found in the following words: "The State confers exclusive rights in the shape of patents, not merely as a reward to the inventor for the invention, but as an encouragement (the italics are ours) to him to expend his energies in directing public attention to it; for no one is so likely as himself to do this, if his remuneration for it is dependent on the extent to which it is made known." In other words, self-assertion and incessant advertisements are the high road to success of a medical patentee. Yet surely, if our old-fashioned notions have any truth in them, this is not the way to earn a patent of true nobility.

Reviews and Book Notices.

NOTES ON BOOKS.

Of the several introductory discourses delivered at the recent openings of the various medical colleges which we have received, none equal in interest that of Professor S. D. GROSS, at the Jefferson Medical College, Philadelphia. It is entitled, "Then and Now," and compares the present state of medical science, in its different branches, with what that same science was some forty years ago, when the distinguished speaker was a student. It reviews in the most complete manner the progress of discovery, and draws, with the pen of a master, the rapid advance which has characterized the last half-century. It has been published by the class in a neat pamphlet of forty-four pages, and should be obtained by every physician.

"The Physician's Hand-Book for 1868, by WM. ELMER, M. D.," is carefully revised and largely re-written. It is a favorite with many of the profession, and is still better now than previously.

We also acknowledge the Annual Address before the Medical Society of the State of New York, Feb. 6th, 1867, by Jos. C. HUTCHINSON, M. D., of Brooklyn, President. Its subject is, The Moral Power of the Profession instead of Legal Enactments, the best Agency in effecting Medical Reform. It is an able defence of this view of the question.

"The Thirty-first Annual Report of the officers of the Vermont Asylum for the Insane, August, 1867."

"Ninth Annual Announcement of the Chicago Medical College," which shows that that institution is in a prosperous condition.

Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 30, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.***NOTICE TO SUBSCRIBERS.**

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the *REPORTER* to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

THE PHYSICIAN'S DUTY.

Most cases to which physicians are called would get well without them; a small minority will die in spite of all they can do; a somewhat larger minority are of such medicable nature, that though they would die without medical aid, with it they recover; in every case, whether the inherent tendency be to death or to life, and whatever the result, the intelligent physician, with the means now at his command, can allay pain, diminish the hours of suffering, encourage the flagging spirits, and bring a ray of sunlight into the sick-room. Here, after all, does he find his legitimate and most useful sphere. A century ago, the whole medical world, even yet the public at large and certain classes of irregular practitioners, yes, we may add, not a few educated physicians who should know better, still think that the most important object of medical science is *to cure disease*. Far from it. To *prevent* disease, to allay suffering, to war against false and injurious practices, these are the infinitely higher aims which medicine now sets up as its highest duties. This is incredible to the vulgar mind. DICKENS says, in reference to the English law, that people complain of its obscurity and uncertainty, but if they only look at it rightly, it is all strictly consistent with the fundamental maxim of the English bar—to *make business*. This is clear and comprehensible to common minds. But how can they understand that the physician's aim is to lessen as much as possible the need of his services? It were certainly difficult to parallel this with any other avocation; equally difficult to make the public believe that it actually inculcates such teachings. This difficulty is not lessened when physicians

themselves insist that their business is like any other trade, subject to the same rules, and to be conducted on like principles.

Yet the difference is manifest. How many million dollars, we should like to ask, has the profession lost by the introduction of disinfectants? By the adoption of methods of ventilation? By the instruction given in general hygiene? All of them due to the knowledge and perseverance of the doctors. If the cholera had not been arrested, it would have added bounteously to our bank accounts these last two years. Yet who but ourselves arrested it? Who but regular, scientific physicians, given to no exclusive theory, neither eclectics, nor homoeopathsists, nor patent medicine men? We may have to wait long for public recognition of these services, or for adequate comprehension of them by even educated men in general; but, fortunately, they were never performed in hope of *that* reward.

Notes and Comments.**Cholera and Yellow Fever.**

These diseases still linger in some parts of our country, and on our border. Fifteen deaths occurred at Memphis, Tennessee, last week from yellow fever. It seems, however, to have subsided in New Orleans, and on the Gulf coast. In Havana, there seems to have been a sudden and somewhat severe outbreak of cholera which has occasioned some contention between the authorities and the medical profession as to the nature of the disease. In support of the profession, however, it is stated that from October 19th, to November 14th, 241 deaths from cholera occurred in that city.

Anxious for Notoriety.

A correspondent, not a physician, from one of the principal cities of Massachusetts, sends us on a number of slips from the local papers, illustrating to what a comical degree occasionally a surgeon will levy on the columns of newspapers to make the most of an operation. It reminded us of the young doctor in DICKENS's novel, who displayed such an amazing fertility of "dodges" to get into practice.

The surgeon in question first has inserted under the title "Dreadful Accident," the account of a man who in the mills, had suffered laceration of both hands, and his operation of double amputation is added in leaded type. Next comes a paragraph announcing that at the hospital reamputation was deemed necessary. The

next day, the *surgeon himself* sends word to another paper correcting that statement, by the counter statement, that only one arm was amputated. A few days more, and still another paragraph announces that re-amputation of both arms was performed.

There may here have been misunderstandings; but there may have also been collusion, and our correspondent urges the latter view. At any rate it was a "big thing" for the surgeon to get advertised so cheaply.

Eulogy upon Dr. Valentine Mott.

A Eulogy upon the Life and Character of the late Dr. Mott, will be delivered by Professor Gross, in the Hall of the Jefferson Medical College, on Thursday evening, December 5th, at 7½ o'clock. We hope there will be a large attendance on the occasion.

St. Mary's Hospital.

This addition to the hospital accommodations of Philadelphia, is located at the corner of Frankford Road and Palmer street, opposite the "Kensington Depot." It was purchased last year by the sisters of St. Francis, and the hospital opened for the reception of patients in August, 1866. The lot is 80 by 110 feet, and the hospital building, built of brick, is 40 by 110 feet. There are medical, surgical, and lying-in wards, whose capacity is 80 beds. The present number of beds is 60, patients 50.

This hospital is *par excellence*, a charitable institution, no cases being rejected when it is possible to relieve them.

The following gentlemen compose the Medical and Surgical staffs of the hospital:

J. CUMMISKEY, M.D. A. D. HALL, M.D.
W. L. WELLS, M.D. GEO. H. HARLAN, M.D.
C. P. LA ROCHE, M.D. W. W. KEEN, M.D.
R. W. HARGADINE, *Resident Surgeon*.

Practical Instruction in Ophthalmic Surgery.

Wills Hospital, in our city, affords the best means in this country to obtain a practical knowledge of Diseases of the Eye. It is well endowed, has been many years established, and the attending surgeons are all well known for their ability, especially in this department of surgery.

Dr. R. J. LEVIS is now giving a very important practical course of lectures in the hospital on the Anatomy of the Eye, the Physiology of Vision, Ophthalmoscopic Diagnosis, Optical Defects of Vision, and the Pathology and Surgery of the Eye. The lectures are illustrated by

cases, and by dissections, models, drawings and optical apparatus.

Dr. W. B. ATKINSON, Permanent Secretary of the American Medical Association, has removed to S. W. corner of Broad and Pine streets, Philadelphia.

Correspondence.

DOMESTIC.

Clifton Hall.

[We have received the following note from a personal friend, with a request that we give it publicity. The limited accommodations for certain classes of the insane in Eastern Pennsylvania, and indeed in every section of the country, will justify a second allusion, by a disinterested party, to Dr. GIVEN's establishment.—EDS. MED. AND SURG. REP.]

EDITORS OF MEDICAL AND SURGICAL REPORTER:

I was pleased to notice in your issue for Nov. 9th, a very modest note from Dr. R. A. GIVEN, the proprietor of the private hospital for Insane at Clifton, and it affords me pleasure to say that I know of no place where insane patients may meet with better care, and more skilful treatment than they may find at Clifton Hall. I have visited Dr. GIVEN's establishment on several occasions, and have been impressed with the air of quietness and retirement that pervades it. Do insane persons require a retreat where they may have the domestic associations of family preserved to them, in so far as that is practicable, away from their own home? If they do, Dr. GIVEN can furnish them such a retreat.

Do the friends of insane patients desire to place them under treatment that shall be as free as possible from the forbidding restraints that are necessary in much larger institutions? If so, they can find at Clifton Hall a home-like establishment.

It has been too fashionable to object to private establishments for the cure and care of infirm persons, but this objection has grown largely out of the fact, that in foreign countries such establishments have been abused, and the liberty of inmates unjustly restrained, etc., but in this country, where the personal liberty of every citizen is sacredly protected by the laws of the land, there can be no valid objection made to institutions of the character referred to.

In free America the objection lies much more against large establishments, where those who control them are further removed from the public eye, and where the machinery of their organiza-

tion is necessarily cumbersome, and requires much labor and time to keep in easy working order. I trust, Messrs. Editors, that the profession of the country will think of this question, and see to it, that the advantages of private institutions for the treatment of our patients, who suffer from mental diseases, may not be overlooked, because they are modest in the presentation of their claims upon professional notice.

Nov. 17, 1867.

OBSERVER.

Snake Story.

EDITORS MEDICAL AND SURGICAL REPORTER:

You refer, in your last week's issue of the REPORTER, to the *snake story*, which first appeared in the "*Carlisle Herald*" and which has found its way into nearly every newspaper in the country. The whole matter is so ridiculous and has been so much exaggerated, that it was deemed unnecessary to contradict or deny it, believing that, with the people generally and with physicians particularly, there would be none found to give it credence.

But, as you invite any of the "thirteen physicians" who may be readers of the REPORTER, to give an account of the consultation, etc., I will undertake to write out a synopsis of the proceedings, for the benefit of your readers and the public generally, and in vindication of the character of the *thirteen physicians*, who, voluntarily and without any intention of asking remuneration, assembled at Mr. WHISLER's residence, in Mifflin township. The meeting was arranged by Drs. AHL and CLAUDY. We spent about an hour with the boy, who is about twelve years of age, and has been unwell for two or three years. During our stay, he had four convulsions, partially voluntary, we thought. Of these he has had frequent attacks of late. We found no excitement of the pulse; respiration regular; heat of skin natural; bowels inclined to costiveness; urine natural, but voided at times rather infrequently. His food, for a time, consisted mostly of vegetables, such as apples, peaches, etc.; latterly, however, he has been drinking pretty freely of milk.

Examining his case as critically as it was possible under the circumstances, we concluded that the chief cause of all his troubles, is to be found in the cerebro-spinal system of nerves, which have lost their equilibrium by reason of some organic changes in the centres whence they originate.

We did not institute a course of treatment. The parents are impatient, unstable and extremely sympathetic; so much so, that we felt satisfied they would not—as in the past they had

failed to do—adhere to and carry out any regular systematic course of treatment. Several of us in turn had been consulted and treated the case, but without satisfactory results, owing to the reasons just mentioned.

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GEO. W. HALDEMAN.

Newville, Nov. 23, 1867.

Sulphate of Iron as a Styptic.

EDITORS MEDICAL AND SURGICAL REPORTER:

I have seen in several of your back numbers, remarks on persulphate of iron as a styptic.

I wish to state the outlines of a case that came under my care, while in charge of wards at the U. S. A. McClellan General Hospital, Philadelphia. I. W. Calvert, 1st Serg., Co. I, 61st P. V., wounded 2d April, 1865. When he entered the hospital the parts were swollen and discharge fetid. I should have remarked that the wound was made by a minnie ball, entrance at the lower and internal border of the right scapula, exit lower and external border of the left scapula. Without making any remarks as to the treatment and the course of the ball, suffice to say, that after some short time hemorrhage occurred at exit wound. All the various remedies were used that more than a dozen surgeons could suggest, without avail, until Dr. WELLS of your city suggested persulphate of iron. I made a strong solution, and using a glass 3ij. syringe, injected about f.ʒss. into the wound, and of course the lungs, and as often as the hemorrhage would commence the injection was used. With continued diligence the patient gradually recovered; I have used it many times since, and always with success.

W. NODEN, M. D.

Roseneath, C. W., Nov. 18th, 1867.

— Dr. E. S. CONNOR accepts the Chair of Medical Chemistry in the Medical College of Ohio, vice Dr. ROBERT BARTHOLOW, resigned.

next day, the surgeon himself sends word to another paper correcting that statement, by the counter statement, that only one arm was re-amputated. A few days more, and still another paragraph announces that re-amputation of both arms was performed.

There may here have been misunderstandings; but there may have also been collusion, and our correspondent urges the latter view. At any rate it was a "big thing" for the surgeon to get advertised so cheaply.

Eulogy upon Dr. Valentine Mott.

A Eulogy upon the Life and Character of the late Dr. Mott, will be delivered by Professor Gross, in the Hall of the Jefferson Medical College, on Thursday evening, December 5th, at 7½ o'clock. We hope there will be a large attendance on the occasion.

St. Mary's Hospital.

This addition to the hospital accommodations of Philadelphia, is located at the corner of Frankford Road and Palmer street, opposite the "Kensington Depot." It was purchased last year by the sisters of St. Francis, and the hospital opened for the reception of patients in August, 1866. The lot is 80 by 110 feet, and the hospital building, built of brick, is 40 by 110 feet. There are medical, surgical, and lying-in wards, whose capacity is 80 beds. The present number of beds is 60, patients 50.

This hospital is *par excellence*, a charitable institution, no cases being rejected when it is possible to relieve them.

The following gentlemen compose the Medical and Surgical staffs of the hospital:

J. CUMMISKEY, M.D. A. D. HALL, M.D.
W. L. WELLS, M.D. GEO. H. HARLAN, M.D.
C. P. LA ROCHE, M.D. W. W. KEEN, M.D.
R. W. HARGADINE, *Resident Surgeon.*

Practical Instruction in Ophthalmic Surgery.

Wills Hospital, in our city, affords the best means in this country to obtain a practical knowledge of Diseases of the Eye. It is well endowed, has been many years established, and the attending surgeons are all well known for their ability, especially in this department of surgery.

Dr. R. J. LEVIS is now giving a very important practical course of lectures in the hospital on the Anatomy of the Eye, the Physiology of Vision, Ophthalmoscopic Diagnosis, Optical Defects of Vision, and the Pathology and Surgery of the Eye. The lectures are illustrated by

cases, and by dissections, models, drawings and optical apparatus.

Dr. W. B. ATKINSON, Permanent Secretary of the American Medical Association, has removed to S. W. corner of Broad and Pine streets, Philadelphia.

Correspondence.

DOMESTIC.

Clifton Hall.

[We have received the following note from a personal friend, with a request that we give it publicity. The limited accommodations for certain classes of the insane in Eastern Pennsylvania, and indeed in every section of the country, will justify a second allusion, by a disinterested party, to Dr. GIVEN's establishment.—EDS. MED. AND SURG. REP.]

EDITORS OF MEDICAL AND SURGICAL REPORTER:

I was pleased to notice in your issue for Nov. 9th, a very modest note from Dr. R. A. GIVEN, the proprietor of the private hospital for Insane at Clifton, and it affords me pleasure to say that I know of no place where insane patients may meet with better care, and more skilful treatment than they may find at Clifton Hall. I have visited Dr. GIVEN's establishment on several occasions, and have been impressed with the air of quietness and retirement that pervades it. Do insane persons require a retreat where they may have the domestic associations of family preserved to them, in so far as that is practicable, away from their own home? If they do, Dr. GIVEN can furnish them such a retreat.

Do the friends of insane patients desire to place them under treatment that shall be as free as possible from the forbidding restraints that are necessary in much larger institutions? If so, they can find at Clifton Hall a home-like establishment.

It has been too fashionable to object to private establishments for the cure and care of infirm persons, but this objection has grown largely out of the fact, that in foreign countries such establishments have been abused, and the liberty of inmates unjustly restrained, etc., but in this country, where the personal liberty of every citizen is sacredly protected by the laws of the land, there can be no valid objection made to institutions of the character referred to.

In free America the objection lies much more against large establishments, where those who control them are further removed from the public eye, and where the machinery of their organiza-

tion is necessarily cumbersome, and requires much labor and time to keep in easy working order. I trust, Messrs. Editors, that the profession of the country will think of this question, and see to it, that the advantages of private institutions for the treatment of our patients, who suffer from mental diseases, may not be overlooked, because they are modest in the presentation of their claims upon professional notice.

Nov. 17, 1867.

OBSERVER.

Snake Story.

EDITORS MEDICAL AND SURGICAL REPORTER:

You refer, in your last week's issue of the REPORTER, to the *snake story*, which first appeared in the "*Carlisle Herald*" and which has found its way into nearly every newspaper in the country. The whole matter is so ridiculous and has been so much exaggerated, that it was deemed unnecessary to contradict or deny it, believing that, with the people generally and with physicians particularly, there would be none found to give it credence.

But, as you invite any of the "thirteen physicians" who may be readers of the REPORTER, to give an account of the consultation, etc., I will undertake to write out a synopsis of the proceedings, for the benefit of your readers and the public generally, and in vindication of the character of the *thirteen physicians*, who, voluntarily and without any intention of asking remuneration, assembled at Mr. WHISLER's residence, in Mifflin township. The meeting was arranged by Drs. AHL and CLAUDY. We spent about an hour with the boy, who is about twelve years of age, and has been unwell for two or three years. During our stay, he had four convulsions, partially voluntary, we thought. Of these he has had frequent attacks of late. We found no excitement of the pulse; respiration regular; heat of skin natural; bowels inclined to costiveness; urine natural, but voided at times rather infrequently. His food, for a time, consisted mostly of vegetables, such as apples, peaches, etc.; latterly, however, he has been drinking pretty freely of milk.

Examining his case as critically as it was possible under the circumstances, we concluded that the chief cause of all his troubles, is to be found in the cerebro-spinal system of nerves, which have lost their equilibrium by reason of some organic changes in the centres whence they originate.

We did not institute a course of treatment. The parents are impatient, unstable and extremely sympathetic; so much so, that we felt satisfied they would not—as in the past they had

failed to do—adhere to and carry out any regular systematic course of treatment. Several of us in turn had been consulted and treated the case, but without satisfactory results, owing to the reasons just mentioned.

Our impression is, that, if the boy had been or were placed under restraint—say in a hospital—and subjected to rigid hygienic measures and a thorough course of medication, he might be cured. But, as matters are, the result is not likely to be favorable.

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News and Miscellany.

The Late Dr. Wilson Jewell.

Extract from the minutes of a special meeting of the Philadelphia County Medical Society, held Nov. 7th.

Whereas, the Philadelphia County Medical Society has learned with profound regret of the sudden death of Dr. WILSON JEWELL, one of its Censors and an Ex-President, it is eminently proper, that the Society should give expression to the sense of esteem in which he was held by it. As a member of the Society, he was ever active and efficient in promoting the objects of its creation from its earliest history; he being one of its founders.

In the success and progress of the Society, and in all its efforts to give dignity to, and to infuse into the profession the highest standard of medical ethics, he took a most lively interest; in the deliberations of the Society, as well as the discussion of medical hygiene, and other subjects introduced at its meetings, the Doctor actively participated, adding to the fund of information much matter of usefulness and interest, gleaned from a long continued practice of his profession. Not only was his efficiency and deep interest manifested as a member of this Society, but also, as its frequent representative as a delegate to the American Medical Association, and to the Medical Society of the State of Pennsylvania, in both of which bodies he held and faithfully discharged the duties of their highest offices.

Dr. JEWELL was also the originator of the National Quarantine and Sanitary Convention, and its first President. In all matters appertaining to quarantine and public hygiene, he took very decided interest, so much so indeed, as to cause him to be regarded as one of the most prominent sanitarians of this country.

Dr. JEWELL's strict adherence to the ethics of the profession, his *esprit du corps*, his long continuance in the active duties of his profession, his industry and perseverance in promoting the great purposes of his calling, exhibit him as a truly representative man. His public spirit as a citizen, his uprightness, his high moral, domestic and social qualities, were such as to win admiration and invite emulation. Now therefore be it

Resolved, That this Society recognises the fact, that in the death of Dr. JEWELL it has met with a very positive loss; that the profession of medicine and society have had withdrawn from them a very useful member and a high toned moral, public-spirited citizen.

Resolved, That a copy of the foregoing, duly signed by the officers of the Society, be transmitted to the widow of Dr. JEWELL.

Attest,

W. B. ATKINSON,
Recording Secretary.

Bronchitis in England.

Dr. PARSONS of Dover, England, calls attention to the increase of bronchitis in England. In 1854 there were in England 51,284 deaths from phthisis, 20,062 from bronchitis; in 1863, from phthisis, 51,072, from bronchitis, 32,025, that is

in 1854, 1,092 deaths per 1,000 from bronchitis; in 1863, 1,574 per 1,000.

He attributes this increase to "indiscretion," e. g. among men, hurrying from their breakfast to town by early trains, working hard through the day, without food, etc.; among women, exposure to draughts in halls and rooms, and in passing to and from carriages and warm rooms, delay in putting on winter clothing, and similar causes.

New York Society for the Relief of the Ruptured and Crippled.

During the month of August last, five lots of ground (125 by 100 feet) have been purchased, on the northwest corner of Lexington Avenue and Forty-second street, for the purpose of erecting thereon a hospital for the surgical treatment, and education whilst under treatment, of crippled children—many of whom will be detained three or more years for cure. There will also be a department for the treatment of out-patients, furnishing them with surgico-mechanical appliances, and keeping the apparatus in repair whilst under treatment. All this will be free of charge to the indigent; and to those able to pay, a charge will be made to meet their circumstances, when so desired. The amount received from patients is handed to the Treasurer of the Society, and contributes to the support of the institution.

In our present very limited sphere the labors have been as follows:

The number of patients treated the first year was 328; the second year 965, showing an increase of sixteen per cent.; the third year the patients numbered 1489, or an increase of fifty-four per cent.; and during the fourth year, ending May 1st, there were 1684 cases, which is equivalent to thirteen per cent.; and the whole number who had received the benefits of the institution up to that period was 4966.

These figures are important and significant. They show that as the society grew in public knowledge and favor, there was a large and rapid increase of cases. In the fourth year, however, the increase was only thirteen per cent. over the preceding. This was not owing to a paucity of cases, for of these there was a steady increase, but to the society's inability to receive or treat a greater number without enlarged means and accommodations.—*Extract from Remarks of Dr. James Knight at the Collation of the N. Y. County Medical Society.—New York Medical Record.*

Exercise and its Effects.

Mr. ARCHIBALD MACLAREN, in a volume entitled "Training in Theory and Practice," speaks of the immediate effects of exercise on the muscles most actively engaged at the time. He found the law of development strongly demonstrated in a long pedestrian tour, extending over nearly four months, in which the average per day on foot exceeded nine hours, and usually with a knapsack weighing twelve pounds. During this time the chest fell from 41 to 39½ inches in circumference; the upper arm from 14½ to 13½; the lower arm remaining unchanged at 12½ inches. The lower limbs, on the contrary, were

greatly increased—the calf of the leg passing from 16 to 17½ inches; and the thigh from 23½ to 25 inches. Often recorded examples to the same purport are seen in the great development of the legs of dancers and the arms of a blacksmith, etc.

Boat Racing.

The *Lancet* reviews the discussion that has lately appeared in the London papers on the subject of the injurious effects upon the system of boat-racing. Mr. SKEY and Mr. HOPK bring the charge that the violent exertion of a rowing-match may cause rupture of the heart, and often does cause its dilatation; and also produces consumption and other pulmonary difficulties. Mr. WILLAN, and another gentleman, signing himself "Broad Blue," answer that the training previous to a race is a safeguard against these accidents. The *Lancet* deems the danger a real one, owing to the short, spasmodic, respiration that the quick racing-stroke necessitates, and claims also that the training rather lessens than increases the vigor of a crew. This is a topic of considerable interest both in England and in our own country, where so large a number of our collegiate undergraduates engage in this sport. No amusement is so healthful, provided it is free from these attributed dangers; but if it is really breaking down the constitutions of the most promising class of our young men, certainly it ought to be discouraged. For our own part, we think the danger is exaggerated, and that much of the debilitation attributed to the struggle is really due (with perhaps something to be charged to the muscular immaturity of the contestants) to the previous Bantingism of the training. It is strange that a man's strength should be supposed to increase while he lives upon a restricted diet, and sleeps between feather beds, and indulges in similar amusements. To escape the accidents so much insisted upon by the papers alluded to, we think the best means to be a generous diet, and plenty of practice in the boat, with no training, so-called. (*Medical Gazette*.)

The Cause of Scurvy.

The general view that scurvy is produced by an excess of common salt in the blood, occasioned by a diet of salted meat exclusively, has received some confirmation, says the *London Review*, in the experiments lately conducted by M. PRUSSAK of St. Petersburg. M. PRUSSAK placed the web of a frog's foot under the microscope, so as to observe the passage of the blood through the smallest blood-vessels. He then injected a solution of salt beneath the frog's skin, and watched the effect on the vessels. He perceived that the blood-corpuscles distended the vessels, and gave rise to the patches of dark-coloured extravasations, extremely like the peculiar livid blotches seen on the skin of scorbutic patients. Experiments on dogs and other animals appear to give the same results. It now remains to be shown why common salt should possess this peculiar action on the blood-vessels. Most probably the explanation will be found in the excessive osmosis which occurs owing to the increased density of the blood.

Effect of the Absence of Sound upon the Mind and Sense of Hearing.

Dr. H. RALLS SMITH, of Louisville, Kentucky, in the course of certain investigations, has established the truth of the theory that the permanent denizens of the Mammoth Cave are not only without a trace of the optic nerve, but are also destitute of the sense of hearing. Dr. SMITH at one time penetrated about four miles into the interior of the cave, and some four hundred feet below the surface of the earth. The effect upon him of the solitude and total absence of sound, he states, was very distressing, and almost insupportable, resulting in a very perceptible, although temporary defection of hearing and aberration of mind. This explains the fact why persons lost in the cave for one, two, or three days, have always been found, when rescued, in a state of temporary insanity. The mind and special senses, deprived of their natural pabulum and stimulus, gradually become weakened, paralyzed, atrophied, and finally, as far as external manifestations are concerned, nearly, if not quite, extinct. These investigations may afford some clue to the cause of cretinism in the deep gorges of the Alps.—*Med. Record*.

Another New Anæsthetic.

A new and valuable agent, whereby surgical operations are painlessly performed, without the risk which has hitherto attended chloroform, has just been discovered, and freely published by Dr. RICHARDSON, of England. In the current number of the *Medical Times* it is stated that in one case perfect insensibility was produced in four minutes; in the second case in about six minutes; in both instances where it was used the patient glided, so to speak, into complete anæsthesia without a struggle. This valuable remedy is the bichloride of methylene, which differs from chloroform in the rapidity with which it produces perfect insensibility. In one case in a warm room the vaporization of the fluid was so rapid that frost was produced on the inhaler.

Prophylactic in Cattle Pest.

Recently the chloride of copper has been employed in Germany as a prophylactic in the cattle pest. It is administered in solution and by fumigation. The proportions are chloride of copper eight grammes, alcohol two kil. With this preparation, a handful of cotton is dampened, and burned twice a day in the animal's stalls where they can breathe it. At night the liquid is burned in a sort of lamp.

For internal administration, fifteen grammes of chloroform are added to the above, and a teaspoonful of the mixture given daily in the food. Further, the litter and the floor are sprinkled freely with the liquid. These precautions, it is said, have been of great service in the last epidemic of the rinderpest.—*L'Écène Medical*.

— Dr. ANTHONY O'REILLY, of Springfield, Massachusetts, has sued Dr. F. D. MUELLER, of the same city, for \$5000 damages, for disparaging remarks touching O'REILLY's professional ability.

[Notices inserted in this column gratis, and are solicited from all parts of the country; *Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

BARCLAY—BROWN.—Nov. 5th, 1867, by Rev. W. W. Woodend, assisted by Rev. A. Donaldson, D.D., W. Frank Barclay, M. D., and Miss Emma S. Brown, both of Salisbury, Pa.

COLE—WAIT.—Nov. 14th, 1867, at the residence of the bride's father, by Rev. B. B. Beckwith of the Presbyterian Church. Mr. Alfred L. Cole, commission merchant, of New York city, and Katharine Ann, second daughter of Dr. Samuel C. Wait, of Gouvé near, N. Y.

DREHER—MILLER.—At the residence of the bride's parents, on Thursday, Nov. 7th, by Rev. S. Ritz, Dr. J. O. Dreher, of Norton, O., and Miss M. E. Miller, of Smithville, Wayne co., O.

JERAULD—LESLIE.—Nov. 6th, by the Rev. W. H. Carter, (Episcopal) at Idlewild, the residence of the bride's father, H. C. Jerauld, of Minneapolis, Minn., and Miss Ella Leslie, daughter of Dr. A. Leslie, of Petersburg, Ind.

MESCHER—KRIEGER.—Nov. 21st, at the residence of the bride's parents, Franklinville, Montgomery co., Pa., by the Rev. Jacob Mescher, D.D., assisted by Rev. Geo. Master, Dr. Geo. K. Mescher, of Philadelphia, and Mary, only daughter of Charles Kriebe, Esq.

MOORE—LUEBER.—At the house of the bride's father, Oct. 29, 1867, by Rev. A. J. Van Cleft, J. H. Moore, M. D., of Mill City, Pa., and Miss Mattie J. Lueder, youngest daughter of O. F. Lueder, Esq., of Hanover, Pa.

RAFFLE—BUNCE.—In the city of New York, Nov. 13th, by the Rev. E. W. Hitchcock, Maximilian G. Raffle, M. D., of New York city, formerly U. S. Navy, and Miss Sarah O., third daughter of the late Dr. James Bunce, of Galesburg, Ill.

REEDER—HARRIS.—In the Presbyterian Church, Woodbury, N. J., on the 14th inst., by the Rev. Franklin D. Harris, assisted by Rev. Henry F. Lee, Silas A. Reeder, M. D., of Chicago, and Miss Anna M. Harris, daughter of the officiating clergyman.

TUCKER—TULLY.—On the 13th of Nov., 1867, at the residence of the bride's father, Dr. W. Tully, in Williams-town, Ky., by the Rev. Geo. W. Smith, Mr. G. W. Tucker and Miss L. A. Tully, all of Gant co., Ky.

WEYMAN—CAMMANN.—Nov. 19th, at Trinity Chapel, N. Y., by the Rev. Ariha—Mason, Charles S. Weyman and Margaretta M., daughter of the late Dr. George P. Cammann.

WILSON—M. CLURE.—At the house of Robert McMullin, Esq., near Rain-boro, O. Nov. 5th, by Rev. Alex. H. Young, of South Salem, O., James T. Wilson, M. D., and Mrs. Margaret I. McClure, both of Greenfield, Ohio.

WOODL—HAMILTON.—At the Presbyterian Church at Odessa, Del., Oct. 29, 1867, by the Rev. John Crowell, Brewet B. Hamilton, General Daniel Woodall, of Easton, Md., and Miss Elizabeth Hamilton, daughter of Dr. W. N. Hamilton, of Odessa, Del.

DIED.

BROCKWAY.—At Clinton, N. Y., Nov. 18, Harriet A. Bonestell, wife of A. Norton Brockway, M. D., of Harlem, aged 35 years.

GRISCOM.—In New York, Nov. 10, Edward Peale, eldest son of John H. Griscom, M. D., aged 27 years.

EELS.—At Lithopolis, Fairfield co., Ohio, Oct. 28th, 1866, of albuminuria, George E. Eels, M. D., aged fifty-four years.

Dr. EEL died in the harness—a sacrifice to his friends and patrons—in whom they have lost one whose character, as a physician and gentleman, combined more of the elements of true greatness than is usually allotted to mortal man. As a thinker or theorist, with most excellent practical abilities, untiring industry, with an honest, warm, and philanthropic heart, were the characteristics which made him the favorite of all classes. "After life's full fever, he sleeps well." H. L. C.

OBITUARY.

The late Professor Robert Watts, M. D.

At a meeting of the students of the College of Physicians and Surgeons, held in the Hall of the College, October 18, 1867, the following preamble and resolutions were adopted.

Whereas, We, the students of the College of Physicians and Surgeons, have heard with sincere regret of the death of our late Professor of Anatomy, Dr. ROBERT WATTS, and

Whereas, We ever found in him an able and efficient instructor, a true and sympathizing friend; therefore be it

Resolved, That while we would ever recognize the will of an All-wise Providence, we deplore the death of one so eminently qualified by rare mental attainments, and by the naturally pleasant traits of his character, for the position, the duties of which he so long had faithfully performed.

Resolved, That we tender our heartfelt sympathy to the family of the deceased, and we would comfort them with the assurance that he has left behind him many enduring fruits of a useful and well spent life.

Resolved, That as a tribute of respect to the memory of our late Professor, we, as a class, attend his funeral, and wear a badge of mourning for thirty days.

Resolved, That a copy of these resolutions be sent to the family, and also that they be published in two of the New York daily papers, and in two of the leading medical journals of the United States.

FRANK W. ROCKWELL,
JOHN J. PRENDERGAST,
WILLARD PARKER, JR.
Committee.

ANSWERS TO CORRESPONDENTS.

Dr. J. N. R. of Nebraska.—We will cheerfully make the exchange you wish, but we should have to charge you with the expressage. Your order for the brace has been attended to.

Dr. P. M. G. of Iowa.—Waring's Therapeutics sent on the 16th, by mail.

Dr. W. F. B. of Kansas.—Garratt's smaller work on Electricity sent you by mail on the 16th. It contains all that is valuable in his larger volume. You have with us a balance of \$4.

Dr. C. B. of N. Y.—The books you ordered were sent by express, on the 16th.

Dr. W. M. T. of Pa.—"Will you be so kind as to tell me in what manner 'raw flesh and brandy' are exhibited in the treatment of phthisis pulmonalis—I mean how prepared, and what quantity taken?" The flesh—lean, but well fed beef—should be chopped very fine or grated, and may be seasoned and taken without any addition, to the extent of two pounds a day for an adult, though, of course, less quantities, half a pound to a pound, will generally suffice. The brandy is taken after eating, either plain or as punch, etc. The raw meat is very valuable in dysentery and marasmus also.

METEOROLOGY.

November,	11.	12.	13.	14.	15.	16.	17.
Wind.....	S. Cl'dy.	N.W. Clear.	W. Cl'dy.	N.W. Clear.	N.W. Clear.	S.W. Clear.	W. Cl'dy.
Weather....	Rain.						
Depth Rain.	4-10						
Thermometer.							
Minimum.....	43°	35°	36°	27°	32°	31°	30°
At 8, A. M.....	52	40	37	35	49	42	37
At 12, M.....	51	44	43	53	45	53	47
At 3, P. M.....	57	45	43	53	46	53	67
Mean.....	52.	41.	39.75	42.	40.75	44.75	45.25
Barometer.							
At 12, M.....	30.1	29.9	30.	29.7	30.4	29.9	30.
Germantown, Pa.				B. J. LEEDOM.			